

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

OF THE

MUNICIPALITY OF COLOMBO,



1912.





APPENDIX C.

REPORT OF THE MEDICAL OFFICER OF HEALTH FOR 1912.

1.—METEOROLOGY.

For the first time for a considerable number of years there was a marked improvement in the rainfall, which totalled during the year 101.14 inches, as against the average for 43 years of 88.23 inches. This average is made up of Fort and Observatory records, corrected to four feet above ground level, as in the case of the 1912 record, and was, together with the other data given in the Appendix, kindly furnished by Mr. Bamford of the Observatory.

2.—Topography.

The total area of the town, including the eastward and Wellawatta extensions, is 8,676 acres, or 13½ square miles. The eastward extension, which was included in 1910, covers an area of 1,593 acres, and had in 1912 a mean population of 11,286; while the Wellawatta extension, which was included in 1912, covers an area of 620 acres, and had a mean population of 7,499. These two extensions therefore represent an aggregate

area of 2,213 acres, with a population of 18,785, i.e., equal to nearly half the population of Galle.

The town is roughly spindle shaped, being 8 miles long as the crow flies from north to south, and 23 miles wide from east to west at its broadest part. Within this area there are 115 miles of public streets in addition to many miles of private roads and lanes. The difficulty of transit, due to the long, narrow shape of the town, is increased by the manner in which it is intersected by the lake, and by the numerous large swamps which cut into it from the east, and is still further increased by the great deficiency of public streets. One of the principal wants of Colombo is a more complete scheme of public roads, the absence of which to serve as a guide for the development of the town, especially in the matter of buildings, is in a large measure responsible for its present irregular, inconvenient, and insanitary disposition. Until street lines have been laid down for the whole of the undeveloped parts, no check can be put upon this insanitary development, which is going on so rapidly at present.

Viewed from a height, such as the top of one of the tall buildings in the Fort, there is extraordinarily little evidence of the 38,667 dwellings which shelter the quarter million of inhabitants in the town. This is due to the great luxuriance of the vegetation here, and especially to the enormous numbers of coconut trees which tower above and obscure the buildings. A great deal of Colombo, especially in the residential quarters, is literally choked with vegetation, which acts as a great obstruction to the ventilating action of the breezes, rendering whole streets of houses hot, stuffy, and muggy. The principal offender in this respect is undoubtedly the coconut palm, which, while it gives comparatively little shade, when thickly planted, very effectually

shuts out the breezes.

It would be greatly to the benefit of the town if some control could be exercised over the growth of vegetation, especially in proximity to dwellings, and a beginning might with advantage be made in the case of ecconut palms, which might be prohibited within say 100 feet of each side of a public road. This would enable the breezes to sweep down the streets and ventilate the houses. As matters stand at present there are many streets which, when viewed from the end, appear as little more than a narrow slit between dense masses of coconut palms. The proposed measure would undoubtedly be unpopular, but then so are most sanitary reforms until the benefit of them has had time to be realized.

The suffocating effect produced by the overgrowth of vegetation in Colombo is accentuated by the fact that most of the town is low-lying and flat, especially in the southern, which is the chief residential district. In the northern and to a less extent in the eastern parts there are a number of low hills and ridges, the highest point being Elie House reservoir, which is 90 feet above mean sea level. The large swamps which cut in from the east and run up to the bases of these hills become bienially flooded and converted into large sheets of open water, as the result of overflow from the Kelani river. Notwithstanding the regular occurrence of these floods, there are many dwellings which have been erected below flood level, and which are in consequence damp and unfit for human habitation. The proposed building by-laws will make the erection of such dwellings illegal, but the existing low-lying dwellings must also be dealt with, the remedy in most cases being demolition followed by drainage and filling. If the owners are unable to drain and fill up the land to the required level, then the land must remain unbuilt upon.

3.—VITAL STATISTICS: GENERAL.

"Vital statistics form the basis of sanitary reform, especially in regard to legislation."—(Newsholme.) If, therefore, legislation is to follow the most effective lines, it must be based upon a correct interpretation of these statistics; but a careful examination shows that a correct interpretation of the Colombo statistics is dependant upon a thorough knowledge and a due appreciation of the influence of the various local conditions, both past and present, which have affected, and in many cases still affect, the sanitary state and health of the town. As these do not appear to be generally recognized here, it may be of interest to mention a few of the chief of these conditions, and of their bearing upon the health of the town as indicated by the vital statistics.

Colombo, like all old established towns, has to a large extent been developed upon what are now recognized to be insanitary lines. Not for over a hundred years, not in fact since the days of the Dutch up till the present time, has any effective legal control in the matter of the ercction of buildings been granted by the Legislature to the Sanitary Authorities. The result, as was inevitable, has been that landowners have from time immemorial gone on erecting buildings practically where they chose, and how they chose, and being either ignorant or heedless of the sanitary requirements as regards air space, lighting, ventilation, drainage, access for cleansing, and such like, the town has become progressively more and more congested with ill-designed buildings, and in this respect has become more and more insanitary. During recent years, when something of the nature of a building boom has been going on consequent upon the abnormal influx of people, as shown by the phenomenal intercensal increase during the recent decade (32½ per cent.), this insanitary development has been unusually active, much of it having moreover been carried on in defiance of the warnings of the Council's officers, who have been powerless to prevent it owing to the lack of effective legal control.

It is important to consider the effect which this has had upon the sanitary state and health of the town. Overcrowding of the land with improperly designed buildings has necessarily led to great interference with the ventilation, lighting, and drainage of the dwellings, and this, as is well known, is invariably associated with a high mortality from lung diseases. Not only so, but, as the mischief has been cumulative, so should one expect the evil effects also to be cumulative, and that such has been the case is shown by the vital statistics, for the mortality from the pulmonary group of diseases has been steadily rising since as far back as reliable statistics go, viz., 1897. This is particularly marked in the case of one of this group, viz., pneumonia, on account of its being less amenable than almost any other infectious disease to direct preventive measures, such as disinfection, isolation, and cleansing. Phthisis, however, which is another member of this group, although it steadily increased up till 1909, has during the last three years shown a marked tendency towards

improvement (sec diagram)—an improvement which it is interesting to note coincides with the adoption in 1909 of disinfection of phthisis-infected houses. Whether this improvement is the direct result of this measure it is of course too early to say, and whether it will be maintained is very doubtful, unless legal powers are granted to enforce the important preventive measures of isolation of infected cases and the improvement of the housing conditions.

The vital statistics, therefore, although of late satisfactory so far as they go in respect of phthisis, clearly indicate the necessity in respect of pulmonary diseases generally, for the granting of legal powers to control the erection of new buildings, to improve existing buildings, and to enforce isolation of advanced cases of

phthisis, if any very material or permanent improvement is to be secured.

It should be remembered that these pulmonary diseases are responsible for a very large proportion (nearly a third) of the total deaths in Colombo, and that, therefore, until a check has been put upon them it is unlikely that there will be any very material improvement in the general death-rate; on the contrary, as the erection of insanitary dwellings continues to go on apace, and the town is becoming more and more congested, one might fairly expect the general death-rate to have gone on rising. That it has not done so of late years is due to the fact that the death-rates from most of the other principal causes have been steadily decreasing

for a number of years, notwithstanding the persistence of many adverse conditions.

The other principal causes of deaths referred to are the "diarrhœal" and the "fever" groups of diseases, which, although they also are to some extent associated with insanitary housing conditions, are more particularly associated with filth conditions, and therefore afford a better indication of the state of the town in regard to ordinary sanitary matters, such as municipal and domestic cleansing, in respect of which one has not infrequently seen it publicly stated that practically no improvement has been effected. Upon what grounds such statements are based it is difficult to understand; they are certainly not supported by the facts disclosed by the vital statistics, nor are they in accordance with the experience of those who are in the best position to judge of such matters. As an illustration of this improvement, take the case of the "diarrhea" group of diseases, under which heading are included dysentery, diarrhea, and enteritis, all of which are essentially "filth diseases."

 $Decrease \ of \ Diarrheeld \ Diseases.$ —A glance at the statistics and diagrams annexed shows that the mortality from this group, although it had been steadily rising up till 1906, has since then been steadily decreasing, the

lowest rate on record having been reached in the year now under review.

Decrease of Fevers.—So also in the case of the "fever" group (most of which is probably enteric), the mortality from this group has for a considerable number of years been more or less steadily decreasing, the lowest death-rate on record having been reached in the year now under review.

The improvement in the mortality from these causes has, as stated, gone on notwithstanding the persistence, and indeed progressive, increase of many powerfully adverse conditions, to which reference will now

be made.

Adverse Conditions.—It is well known that the incidence of diseases, such as diarrhea, enteritis, dysentery, and enteric fever, is very closely associated with the manner in which the waste of the population is dealt with, i.e., the night-soil, the sewage, and the other domestic and trade rubbish. It is also closely

associated with the food supply as regards its liability to contamination.

Bucket Latrines.—What then are the conditions in respect of these in Colombo? First, as regards the night-soil, the great bulk of this is still dealt with in so-called dry-earth latrines the vast majority of which, especially in the poorer and more crowded parts of the town, are kept and always will be kept in a most insanitary condition. They are not in reality dry-earth latrines at all, for the reason that the coir dust supplied as a covering is seldom used by the people, in spite of innumerable warnings and even prosecutions on that account. These latrines, therefore, form a very great source of danger as regards the diseases mentioned, and as the population has been very rapidly increasing so has the amount of, and therefore the possible danger associated with, this class of waste been increasing. The actual danger from this source is, however, in a measure dependant upon the manner in which the work of removal is done, and this has undoubtedly been improved since the contract system was abolished and the work was taken in hand by the Works Engineer at the end of 1910. By far the greater part of the danger is, however, associated with the manner in which the householders themselves perform their duty in using the covering supplied, and in maintaining their latrines in a cleanly condition, and in these respects there has been little improvement. There is, under the conditions which obtain here, obviously no proper solution of this problem, except the adoption of the water-carriage system, and the immediate removal of this class of waste in a cleanly manner, and although many millions of rupees have already been spent for this purpose in sewering the town, practically no benefit has as yet been derived from this work by the town at large, owing to the lack of legal powers to compel householders to adopt this system.

Drainage.—The same remarks apply to the disposal of the liquid waste, i.e., the sewage. In spite of the great growth of the population, and the increase in the water supply, and the consequently great increase in the output of sewage, it is for the most part still disposed of by turning it either direct on to the ground in close proximity to the dwellings, or into open and frequently unbuilt drains, many of which serve no purpose beyond conducting it from the house where it is produced to some other spot; which is often adjacent to other houses where it creates a nuisance and is a source of constant complaint from the residents and of trouble to the Council's staff. Here again there is obviously no proper remedy except to compel the house-owners to connect their drains to the under-ground sewers, and this as stated there is no legal power to enforce.

It is expected that such powers will before long be granted; but that does not alter the fact that; until the underground system has actually replaced these bucket latrines and sewage-carrying open drains we have in Colombo a state of affairs which has been becoming progressively more favourable to the incidence of filth diseases pari passu with the growth of the population.

Disposal of Rubbish.—Next take the case of domestic and trade refuse: the only point to which reference need be made in the present connection is that although matters have been greatly improved, it is still unsatisfactory in that the destructor at Mansergh avenue is insufficient for the rapidly growing needs of the town, and there are still a number of insanitary fly-breeding tips either within or in close proximity to the town.

Food Supply.—Lastly, take the case of the food supply as an instance of the adverse conditions which exist here. It stands to reason that as the infection of all these filth diseases must gain access by the alimentary canal, the purity of the food supply is of the first importance. Apart from the obvious risk of infection by flies to which food is exposed in houses surrounded by insanitary bucket latrines, and sewage-carrying open drains, the conditions under which it is exposed in the public markets are very unsatisfactory, as these markets are for the most part hopelessly out of date, and cannot be maintained in a sanitary condition.

Public Markets.—Why should not our markets be put into an up-to-date condition? It is not for the want of money derived from that source, for, as the annual statements of revenue and expenditure show, only a fraction of the revenue derived from public markets has in the past been expended upon them, the balance having apparently been utilized for other purposes. During 1912, for example, although a revenue of Rs. 52,081.05 was derived from public markets, only some Rs. 30,243.93 in all was expended upon them, including salaries of staff, maintenance, and an unusually large amount for construction work. During the last three years the aggregate revenue from markets has exceeded the aggregate expenditure by Rs. 46,607. This is not in my opinion sound policy, since to utilize public markets as a source of general revenue is equivalent to putting a tax upon food. They should, I think, be merely self-supporting, and if it is found that after making due provision for putting them into an up-to-date condition, and maintaining them so, there is a substantial balance, then the stall rents should be reduced. This should have the much-needed effect of reducing the price of food stuffs in Colombo. If it does not do so then the market prices should be fixed by regulation. In dealing with this financial aspect of the question one may appear to have diverged somewhat from the point in connection with which it was introduced, viz., the present insanitary condition of the public

markets; but the two subjects are so closely associated that they cannot be dealt with apart.

The proposed new Food and Drugs Act will, if adopted, greatly increase the sanitary control over the food supply, but we are handicapped by the want of sufficient staff. The ordinary householder here requires so much keeping up to the mark in the matter of domestic cleanliness that unless the Sanitary Inspectors spend the bulk of their time in inspecting private premises the sanitary condition of these rapidly degenerates. In addition to this they have so many other duties to attend to in connection with infectious diseases, bakeries, laundries, and such like, that they have very little time to give to fcod inspection unless they neglect some of their other work which, as experience has shown, would immediately result in our being inundated with complaints, for every householder here appears to think that it is the duty of the Public Health Department to devote the whole of its time to his own particular grievance, no matter how trivial it may be.

I have repeatedly urged the necessity for appointing a Food Inspector, but so far my recommendations

have not been acted upon.

Improvements effected.—In view of the existence of all these conditions, which are favourable to a high mortality from filth diseases, it seems reasonable to suppose that the steady decrease in the mortality from these diseases shown by the statistics has been due to the improvements which have been effected in other directions in the sanitary state of the town. A few of the chief of these improvements will now be mentioned.

Scavenging.—That a very great improvement has been effected in the carrying out of the work of scavenging, both as regards the cleansing of private premises and of public streets, is apparent to anyone who can compare the state of affairs say ten years ago (prior to which I cannot speak from personal experience) with what exists now. Ten years ago there was no systematic inspection of private premises, most of the time of the Sanitary Inspectors being then occupied with duties which had nothing whatever to do with sanitation, such as collection of general revenue, revision of voters' lists, and such like. Upon their being relieved of these non-sanitary duties, a system of routine inspection of all private premises in the town was instituted and has since been carried on. The effect of this was gradually to improve the state of cleanliness in which private premises were maintained. Much difficulty was, however, at first experienced owing to the fact that the scavenging of the public streets, and consequently the removal of rubbish put out by householders, was in the hands of a contractor, whose sole aim appeared to be to save as much as he possibly could on his contract which he had undertaken at an impossibly low figure. It was found impossible to make him abide by any time table, or to do his work properly, with the result that householders complained that it was no use putting out their rubbish. It was not, however, until the beginning of 1905 that the Council decided to abolish the contract system, and to have the work carried out departmentally under the Works Department, at whose hands it has since been gradually undergoing a process of complete re-organization.

The improvement thus effected in the public scavenging greatly facilitated the work of making the householders keep their premises clean, as they began to learn that their rubbish if put out would be removed. The next step was for the Works Department to arrange for a proper scavenging time table, and to require householders to put out their rubbish in an approved type of sanitary dust bins at fixed hours. From January 1, 1908, copies of the time table and regulations printed in the vernacular were posted in the streets, served on householders, and announced by beat of tom-tom, and as the Engineer stated in his report, the results of this far exceeded expectations. The rapid increase in the quantity of rubbish put out from private premises for

removal may be judged from the following quantities recorded by the Engineer:—

Year.	Carts employed.	$egin{aligned} extbf{Loads} \ extbf{removed.} \end{aligned}$	
1904	 68	 57,035	 Work done by contractor.
1905	 92	 	 Work done departmentally.
1906	 113	 	
1907	 122	 101,902	
1908	 128	 105,557	 Trade refuse excluded.
1909	 136	 111,689	 Garden refuse excluded.
1910	 217	 124,906	 East extension included.
1911	 231	 146,785	 Wellawatta extension.
1912	 	 	

Referring to the above enormous increase in the amount of rubbish removed, the Engineer remarked in his report that "this means that the inspection of private premises must have been greatly improved, and the standard of cleanliness raised, for so large an increased quantity of rubbish to have been put out for removal by the Council's carts."

The reduction in the death-rate from diarrheal diseases and fevers would appear to support the same conclusion.

Food Trades.—Not only has the greater cleanliness of private premises contributed towards this improvement in the death-rate from these filth diseases, but a great improvement has been effected in respect of dairies and bakeries as well as in the condition of eating-houses. The cleanliness of the public markets, difficult although they are to keep clean, has also been much improved as the result of a certain amount of structural improvement, combined with a reorganization of the staff and the introduction of a much more thorough system of inspection.

Milk Supply.— The improvement in the milk supply is one of the most satisfactory features of the work of this department, the amount of adulteration having been reduced from 72 per cent. of samples examined

in 1907 to 12½ per cent. in 1912.

Special Measures.—Next, take the case of the work done with special reference to fevers. Ten years ago there was practically no notification of enteric fever, although the death-rate from fevers was then very much higher than it is now. Since that time notification has been insisted upon, every case being visited and inquired into; a special gang of coolies is employed to clean up and disinfect premises where enteric cases have occurred; each case, which is not under the care of a qualified medical man, is visited daily throughout the illness, disinfectants are supplied, instructions, both verbal and printed, are given, and a special covered latrine bucket with cyllin solution in it is supplied; in cases where the isolation is bad, the patient is removed to the enteric hospital; and within recent years the protective measure of inoculation has been urged; all milk vendors are medically examined, and their blood is also examined bacteriologically, with a view to the detection of enteric carriers, before registration is granted.

There are many more directions in which work has been carried on with a view to improving the sanitary

conditions here, but the above will perhaps suffice to indicate what has been and still is being done.

There is every reason to believe that when the Legislature has granted the legal powers required (1) to compel householders to abolish their insanitary latrines and sewage-carrying open drains, (2) to control the erection of new buildings, and improve the state of the existing ones, and (3) to enforce segregation of advanced cases of phthisis, there will be a great further improvement in the death-rate of Colombo, which, although already one of the healthiest of the large towns in the tropical East, should become far more so than it is at present.

4.—POPULATION.

The estimated mean total population in 1912 was 227,062, the distribution of which by race, age, sex,

and ward is given in the Appendix.

The ward in which there is the greatest congestion of population is St. Paul's, with an average density of 189·4 persons per acre. The castward extension has the lowest density, viz., 7·1 per acre. The density for the town, as a whole, is 32·9 per acre. These densities are reckoned upon the area available for building, and not upon the total acreage.

5.—BIRTHS.

The total number of births registered in Colombo during 1912 was 5,195, representing a birth-rate of 22.9 per 1,000, which is slightly below the average. It is quite certain, however, that the recorded birth-rate is not a true measure of the fertility of the population, and that many births of children of Colombo parents escape registration in the town owing to the custom which prevails amongst the indigenous races whereby prospective mothers migrate prior to confinement to the homes of their parents. The extent to which this custom must affect the recorded birth-rate may be surmised from the fact that at the Census, out of a total female population of 81,599 enumerated in the town, of whom about half were at child-bearing ages, 13,697 gave their place of birth as the Colombo District, i. e., outside the town, from which one may fairly deduce that the homes of the parents of many thousands of Colombo women are still in these extra-urban districts, and that therefore there must be a great deal of migration to these districts for confinement purposes. In fact it is common knowledge that this is so. Children born under these circumstances would naturally be registered in these extra urban districts prior to their being brought into Colombo by their mothers, and consequently the record of their births is lost to the Colombo statistics. On the other hand, only a relatively very minute proportion of the women enumerated in the adjoining extra-urban districts gave their place of birth as the Municipality, viz., only 2,391 out of a total female population of 298,453, so that there is probably very little compensating migration from country to town for confinement purposes.

This has an important bearing upon the infant death-rate of Colombo for the following reason. The infant death-rate represents the total number of recorded infant deaths stated as a proportion per 1,000 of the births recorded during the year. Therefore, even if the number of infant deaths were to remain constant from year to year, a decrease in the number of births recorded, due to the migration referred to above, would give a higher death-rate and vice versa, from which it will be seen that the migration for confinement purposes and consequent loss of birth registration to Colombo must result in the production of a fallaciously high infant death-rate in Colombo. It is of course assumed that such of these children as survive until the mothers' return to Colombo are brought here, and should they die in Colombo their deaths are registered here.

As the infant death-rate is generally accepted as the best test of the sanitary condition of any place, it is important that the true rate should be known; but this cannot be ascertained unless steps are taken to ensure that all children born of Colombo parents in extra-urban districts, and who are subsequently brought into Colombo before they are a year old, are registered in Colombo, and that, on the other hand, all children born in Colombo of non-resident parents, and who are removed from the town before they are a year old, are excluded from the Colombo registers. How this can best be effected is a matter which should be referred to the Registrar-General for consideration.

6.—DEATHS: GENERAL.

Total deaths registered, 6,636; crude death-rate, 29·2 per 1,000; average crude death-rate for ten previous years, 33·0 per 1,000; death-rate corrected for hospital deaths, 26·8; death-rate further corrected for age and sex, 31·5.

(a) Correction for Hospital Deaths.

The hospitals in Colombo attract a large number of sick persons, not only from the town, but also from all parts of the Island, especially from the adjoining rural districts. During 1912 there were 542 deaths amongst these non-residents in the hospitals, and it is the deduction on this account which reduces the death-rate from 29·2 to 26·8. The rates of the individual races are very differently affected by this correction, the most extreme example being in the case of the Europeans. Out of a total of 64 European death records in Colombo during 1912, 27, i.e., 42 per cent., were non-residents of the town, who came here sick and died in the hospitals, their death-rate being reduced by this correction from 20·3 to 11·8 per 1,000. On the other hand, a large proportion of the Europeans who are taken seriously ill go home to Europe, if they are well enough to travel and can afford the expense. Unfortunately there is no record of the number of such, or of the number who die out of Colombo, so that the compensating correction cannot be made, and the true European death-rate cannot be ascertained.

The race next to the Europeans, which is most affected by the correction for hospital deaths, is the Sinhalese, whose death-rate is thus reduced from 32.0 to 27.7. This is mainly due to the great use which the large suburban Sinhalese population make of the Colombo hospitals.

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The correction is least in the case of the Moors and the Malays, neither of whom appear to make much use of the hospitals. They are both very conservative races and cling tenaciously to their established customs.

In addition to the death-rates of non-residents which occur in hospitals, a number occur in the town generally in the case of persons who have come sick from the rural districts in search of medical advice, or in order to be with relations, or for other reasons. As an off-set, however, against the increase of the Colombo deaths caused in this manner, a number of town residents leave the town when sick and die in the rural districts. There is no record of such in either case, so that it is not possible to make corrections; but it is not improbable that they more or less balance each other, so that the death-rate may not be materially affected one way or the other.

Ward Rates.—Not only are the general and the race death-rates affected by hospital deaths, but the ward death-rates are also seriously disturbed, there having been no fewer than 952 deaths of town residents in the hospitals during 1912. The most extreme example of this is the Pettah Ward, the death-rate of which, when corrected for deaths of Pettah residents which occurred in the hospitals, is raised in respect of 1912 from 9.7 to 38.1 per 1,000. This is an extraordinary correction, and is probably to be explained by the fact that the term "Pettah" is very generally used to indicate a wider area than the registration district so called. It is especially used in this wider sense by the large vagrant population, most of whom are destitute Tamils, to indicate not only the Pettah proper, but also the adjoining parts of St. Paul's and San Sebastian Wards. As the majority of these vagrants go when sick to the hospital, and as they undoubtedly have normally a very high rate of mortality, the result is that the Pettah death-rate is made to appear fallaciously high by this

correction. The St. Paul's and San Sebastian rates are, on the other hand, probably higher in reality than they appear even after correction. Every ward in the town contributes a share of the hospital deaths, so that the effect of the correction in each case is to raise the death-rate as shown in the following statement:—

Ward.	Increase (1912).	Ward.	Increase (1912).
Fort	2.4	New Bazaar	3.8
Pettah	28.4	Maradana	4.5
San Sebastian	1.0	Slave Island	$3 \cdot 2$
St. Paul's	3.0	Kollupitiya	3.0
Kotahena	2.3	East Extension	5.1
		Wellawatta	3.5

As stated, a considerable part of the increase shown against Pettah probably belongs in reality to the adjoining wards of St. Paul's and San Sebastian, where there are many insanitary areas and a large population of sickly vagrants.

(b) Correction for Age and Sex.

In the Colombo population as a whole there is, when compared with the standard (i.e., the population of Ceylon), a deficit of females, and of children and old people; but women, children, and old people have normally a higher rate of mortality than males and middle-aged people in Ceylon, so that the age and sex constitution of the Colombo population is favourable to a low rate of mortality, and a correction must therefore be made to neutralize this effect before the death-rate of Colombo can be compared properly with the death-rate of other places (which must, of course, be similarly corrected). This correction raises the Colombo death-rate during 1912 from 26.8, to which it was reduced by the correction for hospital deaths, to 31.5 per 1,000, which

is the nearest approach to the true death-rate that can at present be obtained.

The age and sex constitution of the several races in Colombo differs markedly, so that the correction on this account will affect the various races differently. In the case of the Sinhalese it is very slight, but in the case of Europeans, Tamils, and Others, it is considerable. There are thus great difficulties in the way of ascertaining the true death-rates of these migratory races—in fact it is at present quite impossible to do so. Take the case of the Europeans, for example—not only is it usual to send children away either to England or up-country, but a large proportion of them remain away until they are grown up and are ready to enter business, or to take up a profession. Then again it is the custom for the adults to retire and leave the Island at the age of 55 or under. Thus the population is constantly being depleted of a large proportion of its children and old people, both of which classes have normally high rates of mortality. On the other hand, the European population is being constantly augmented by the influx of young adults, most of whom have been passed as medically fit before they were allowed to come to the Island, all of which tends, quite irrespective of the health conditions here, to produce a lower rate of mortality than would otherwise prevail.

The foregoing will show that there are many points of interest in connection with the death-rates in Colombo, and that great caution must be observed in instituting comparisons between the rates of different races or places. Notwithstanding this, however, it is probable that the influence of the age and sex factor does not greatly vary from year to year, so that a useful comparison may be made of the rate of a race in one

year with the rate of the same race in previous years, and the same applies when comparing wards.

7.—Death-rates in 1912.

(a) General.

Crude Rate each Year for each Race.—The crude death-rate for all races in 1912 was 29·2 per 1,000, the average for the previous ten years having been 33·0 per 1,000. This is, with the exception of 1910, the lowest death-rate recorded since registration was put upon a proper footing. The 1912 death-rate when corrected for hospital deaths was 26·8 per 1,000; further corrected for age and sex it was 31·5 per 1,000.

(b) Races.

The race with the lowest death-rate in 1912 was the Europeans, whose crude rate was 20·3, compared with their average of 29·4. Their rate, exclusive of the deaths in hospitals of non-residents of the town, was only 11·7 per 1,000; but, as previously explained, this does not represent their true death-rate. The race with the highest corrected death-rate was the Malays.

(c) Wards.

Exclusive of Fort and Pettah, which are to a large extent non-residential, the ward with the lowest death-rate in 1912 was the Eastward Extension, with a crude and indeed impossible rate of 10·7 per 1,000. Corrected for hospital deaths it was 15·8, which is only slightly lower than the corrected rate for Colpetty, which comes next with a crude rate of 13·9, and a corrected rate of 16·9 per 1,000, while Wellawatta comes third with a crude rate of 17·6, and a corrected rate of 21·1 per 1,000. The most probable explanation of the relatively low death-rates in the East Extension, Kollupitiya, and Wellawatta, is that these wards have fewer densely crowded areas, both as regards houses and population, than the other wards in the town, and in this respect are more sanitary. For the same reason they have the lowest infant mortalities, although in some respects the Eastward Extension and Wellawatta still require much in the way of sanitary improvements, as they have only recently been brought within the scope of the Municipal Ordinance.

The ward with the highest death-rate in 1912 was New Bazaar, with a crude rate of 28.2, and a corrected rate of 32.5. It had also the highest infant death-rate for the year. It has also the highest average death-rate; but it has not the highest average infant death-rate, which position is held by St. Paul's, the true general death-rate of which is, as has just been explained, probably higher than it appears, owing to many of its deaths being ascribed to the Pettah. There is no doubt that the three most insanitary wards in the town are St. Paul's, New Bazaar, and San Sebastian, as it is in these that the insanitary development of property referred to in the opening section has been going on for the longest period, and has reached the acutest stage. There are, however, similar congested areas in most of the other wards, but they are not yet on such an extensive scale, and it is to be hoped that legislation will before long be granted to put a stop to the rapid deterioration

which is now going on.

8.—Principal Causes of Deaths: General.

The principal causes of deaths amongst the population, as a whole, and indeed in every race except the Europeans, were as usual the pulmonary diseases, chief amongst which was pneumonia, which during the last two years has, as the result of the decrease in phthisis, taken the first place as the cause of mortality. The decrease of the phthisis death-rate since 1909 is a noteworthy feature of the statistics, and it is hoped that it may continue to improve.

During 1912 pneumonia caused 13.8 per cent. of the total deaths in Colombo, phthisis caused 10.5 per cent., diarrhæa and enteritis 9.6 per cent., dysentery 4.0 per cent., bronchitis 3.6 per cent., and enteric fever

3.5 per cent.

Europeans as usual suffered most from enteric fever, which, although less than half the average, was still responsible for 13·5 per cent. of their total deaths. Their next greatest cause of death was diarrhea, which caused 5·4 per cent. As usual, comparatively few of their deaths were caused by pulmonary diseases; but their statistics in this respect are not trustworthy, as most Europeans who are attacked by phthisis go to Europe; and there is no record of the number of such or of their deaths. The European pneumonia rate is however comparatively low, and that is a disease which operates too rapidly to permit of those who are stricken escáping from the Island. It may therefore be that their true phthisis rate is also genuinely low, compared with other races. It is a significant fact that about a quarter of the total recorded European deaths are usually due to diseases, the infection of which gains entrance with their food supply. This is probably in a large measure due to their being more susceptible to these diseases than are other races; but, on the other hand, one knows from what one has seen that there is an extraordinary lack of supervision over the kitchen in many of the bachelor establishments, and it is young bachelors who suffer most. There is therefore every reason why Europeans should exercise strictest precautions in all matters connected with their food supply, and the maintenance of their health in a condition which will enable them to resist attacks by these food borne diseases.

Tamils, in addition to suffering more severely in 1912 from pneumonia, had a higher mortality than any other race from diarrheal diseases. This is no doubt due to the fact that more poverty exists among

them, and they live, as a class, under more unfavourable conditions than any other race.

They had as usual a relatively low mortality from enteric fever, which is probably due to most of them having already had the disease during their childhood in India, where enteric fever is said to be exceedingly prevalent.

The Moors, like the Tamils in Colombo, had as usual a low death-rate from enteric, but whether the same explanation holds good in their case is doubtful. It may be that many of their children suffer from this disease in a mild form which thus escapes recognition and notification, or they may have a certain degree of natural immunity to the disease.

On the other hand, their religion requires them to be more particular about the source and preparation of their food than any other race, and this may and probably does confer a certain amount of protection

upon them.

The Malays, who are much less strict Muhammadans, had as usual a higher fever rate (probably mostly enteric) than any other race except Europeans; but it is satisfactory to note that, like the Europeans, they showed a great improvement in this respect in 1912. The principal cause of deaths amongst both the Burghers and the Sinhalese was as usual pulmonary diseases, chief amongst which was pneumonia. In considering these principal causes of deaths one must be careful to avoid making the mistake of assuming that because a certain disease is the principal cause of deaths amongst one race, whereas it is not the principal cause in another race, that therefore the first race suffered more than the second race from that disease. Such may be, but is not by any means necessarily the case. Take the case of pneumonia as an example: although 12:3 per cent. of the total Burgher deaths and only 11.9 per cent. of the total Moor deaths were due to this cause, the Moors nevertheless suffered more severely from this disease in proportion to their population than did the Burghers, or whereas 3.07 per 1,000 of the Moors died of pneumonia only 2.81 per 1,000 of the Burghers died of this disease. The rates for each race expressed as a percentage of their total deaths are only of value as a means of expressing which disease each race has suffered most from during the particular period dealt with, and must not be used for comparing the mortality amongst different races or even amongst the same race at different periods of time, or in different localities. They are very useful rates, but their legitimate uses are strictly limited as stated above.

9.—Infant Mortality.

Deaths, 1,554; death-rate per 1,000 recorded births, 299; average rate for the preceding ten years, 333; decrease, 34 per 1,000. That the true infant mortality in Colombo is probably a good deal lower than it appears from the statistics had already been explained in section 5. The following table shows the average infant death-rate for each race since 1908, and also the rates for the years 1911 and 1912. Separate race-rates are not available prior to 1908.

Average.									
	1908-11.		1911.		1912.				
	1 59		182		22				
	200		218		186				
	290		286		284				
	436		413		381				
	410		423		382				
	304		291	• •	289				
	441		408		354				
		$egin{array}{cccc} . & . & 159 \\ . & . & 200 \\ . & . & 290 \\ . & . & 436 \\ . & . & 410 \\ . & . & 304 \\ \end{array}$	$egin{array}{cccccccccccccccccccccccccccccccccccc$	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	$\begin{array}{cccccccccccccccccccccccccccccccccccc$				

A large proportion of the Tamils, Moors, and Others being poor are compelled to live in densely crowded, unhealthy areas, such as exist in St. Paul's, New Bazaar, and San Sebastian, their infants being thus exposed to conditions which are always associated with a high rate of mortality. Many of the mothers are morcover ignorant and careless, and especially in the case of the Tamils, many of them have to work when they should be attending to their children. In the case of the Moors it is largely a case of mishandling of the infants, many of whom are injured by hand feeding instead of breast feeding. Sanitary dwellings for the poor are very urgently required in Colombo, and until this undoubtedly very difficult problem is solved there can be little material improvement in the infant death-rate. This is a matter which was dealt with at some length in the 1911 report.

The principal causes of infant deaths expressed as a rate per 1,000 recorded births amongst the population

generally were as follows:—Convulsions (91), debility (45), diarrheal diseases (37), pneumonia (34).

The Moors, Tamils, and Malays each had a very high infant death-rate from "convulsions," which is a sure indication of improper feeding, most of these deaths being no doubt the result of digestive troubles. It is most unfortunate in this connection that the use of condensed milk, much of which is quite unsuitable for infants, appears to be rapidly spreading amongst the poorer classes, who have not got the education necessary to warn them against the dangers to their children entailed by this form of feeding. Breast-feeding is said to be rapidly being displaced, especially among the Moors, by hand-feeding, and as condensed milks are being imported in enormous and yearly increasing quantities, and are being assiduously thrust before the public, much of it is taking the place of breast milk or fresh cow's milk to the great detriment and loss of life of the infants. One way of dealing with this evil—and I strongly recommend it—would be to put an importation tax upon condensed milk sufficient to make it more costly than fresh cow's milk, and to absolutely prohibit the sale of such as has instructions for dilution upon the label which, if carried out, would reduce the quality to below the Colombo standard. The proposed Food and Drugs Act will provide for the carrying out of the second but not the first of these proposals. So harmful are the conditions under which one sees condensed

milk being used nowadays amongst the more ignorant classes here, that personally I should be glad to see every but the very highest grade condensed milks excluded from Colombo. A system of depôts for distributing certified milk to mothers of infants would be a very useful measure, but there are many practical difficulties in the way of carrying out such a scheme.

The following table shows the distribution of the infant mortality in the various wards:—

			Average.						
			1901-191	0.	1911.		1912.		
Fort	• •		211		300		100		
Petah	• •		407		279		390		
San Sebastian			387		372		329		
St. Paul's			440		509		337		
Kotahena		• •	366		295		304		
New Bazaar			410		382		441		
Maradana			332		370		324		
Slave Island			368		325		364		
Kollupitiya			258		249		260		
East Extension	• •				374	• •	217		
Wellawatta	• •		_			• •	267		

The consistently high mortality in St. Paul's, New Bazaar, and San Sebastian, and to a less extent in Slave Island, is an illustration of the maxim that the best test of the sanitary condition of a place is its infant death-rate. San Sebastian, however, shows a distinct improvement, whereas Slave Island does not. New Bazaar shows a distinct set back, and now heads the list. No averages are available for the Eastward Extension and Wellawatta. As regards prevention of infant mortality, this is closely associated with the housing conditions referred to in the first section of this report; but a good deal might be done to improve matters by an extension of the health visitor system in connection with dispensaries. The poor people require to be educated, and the best way to do so is to send trained female visitors amongst them.

10.—PULMONARY DISEASES.

Under this heading are included phthisis, pneumonia, and bronchitis.

Deaths, 1,821; crude rate, 8:01; corrected rate, 7:49; average crude rate for previous ten years, 8:11; decrease, 0:10 per 1,000. The only races which showed improvement were the Europeans, the Tamils, and the Moors. The corrected rate quoted in this and subsequent paragraphs means the rate corrected for the deaths of non-residents in the hospitals.

(a) Phthisis.—Deaths, 713; crude rate, 3·14; corrected rate, 2·82; average crude rate, 3·48; decrease, 0·34 per 1,000.

Every race except the Malays and Others shows an improvement. The Malay rate, on the contrary, shows the large increase of 1.21 per 1,000. The Europeans show the greatest improvement, viz., 1.66, but this is misleading for, as previously stated, comparatively few phthisis-stricken Europeans remain in Ceylon. They are generally sent home, and such of their deaths as occur there are lost to the Colombo statistics. They are such a small population, however, that their statistical variations do not materially affect the general rates.

The improvement in the death-rate from phthisis amongst the general population, which began in 1910, has since been maintained, the 1912 rate being, with the exception of 1910 which was practically the same, the lowest recorded for nine years. In this connection it may be recalled that regular visitation and disinfection of phthisis-infected houses was first commenced in July, 1909. The details in regard to this disease are given in the statements in the Appendix.

(b) Pneumonia.—Deaths, 886; crude rate, 3.90; corrected rate, 3.70; average crude rate, 3.40; increase, 0.50 per 1,000.

The high level at which the pneumonia death-rate keeps is an indication of the destruction of life, which is going on as the result of a large section of the population being compelled to live in overcrowded and therefore unhealthy areas and dwellings, and which the Council's staff is powerless to improve owing in the first place to the absence of legal powers, and, in the second place, to the great difficulty and cost involved in the improvement of such areas.

Exclusive of the mixed class of aliens included under the heading of Others the race which as usual suffered most from "pneumonia" was the Tamils. The Europeans suffered comparatively little from this disease, as they live for the most part in the more sanitary quarters of the town and seldom adopt the unhealthy custom of shutting up their bedroom windows at night.

Every race except the Europeans had a death-rate from pneumonia in excess of the average, the greatest increase being observed in the cases of the Others and the Malays.

(c) Bronchitis.—Deaths, 222; crude rate, 0.97; corrected rate, 0.97; average crude rate, 1.23; decrease, 0.97.

It is possible that a considerable proportion of the mortality ascribed to bronchitis is in reality due to the more specific causes of phthisis and pneumonia.

11.—DIARRHŒAL DISEASES.

Deaths, 927; crude rate, 4.05; corrected rate, 3.65; average rate, 5.76; decrease, 1.71 per 1,000. This group includes diarrhea, enteritis, and dysentery, the two former of which are considered below under one heading and include also the various forms of colitis, as there is no proper line of demarcation between them.

The death-rate from this group of diseases in 1912 was the lowest on record (vide diagram in Appendix). Every race participated in the improvement, the most marked being the case of the Europeans, whose rate corrected for deaths of non-residents was only 0.95. The Moors and Others showed the least improvement.

(a) Diarrhæa and Enteritis.—Deaths, 655; crude rate, 2.85; corrected rate, 2.58; average crude rate, 3.79; decrease, 0.94 per 1,000.

Every race showed a marked improvement in the mortality from this cause, the greatest improvement being in the case of Burghers.

(b) Dysentery.—Deaths, 272; crude rate, $1 \cdot 20$; corrected rate, $1 \cdot 07$; average, $1 \cdot 97$; decrease, $0 \cdot 77$ per 1,000.

Every race except the Others showed improvement. The Europeans had, for them, the extraordinarily low corrected rate of 0.32 per 1,000, only one European resident of Colombo having died of this disease during the year.

12.—Fevers.

Deaths, 330; crude rate, 1·45; corrected rate, 1·30; average crude rate, 2·41; decrease, 0·96 per 1,000. Under this heading are included enteric, remittent, intermittent, and simple continued fever. The death-rate in 1912 was the lowest on record. Every race showed improvement, the most marked being in the case of the Malays, followed by the Europeans. The least improvement was in the case of the Tamils who, however, have normally a low fever rate compared with other races. The correction for non-residents reduces the European rate from 2·86 to 1·58.

(a) Enteric Fever.—Total cases reported, 621; town cases reported, 475; case-rate for town cases, 2.09 per 1,000 living; deaths reported, 249; crude rate, 1.10; corrected rate, 0.96; average crude rate, 1.31;

decrease 0.21 per 1,000. Case mortality per cent., 40.1.

Of the 621 cases reported, 475 were from the town, 49 from extra urban districts, 6 from the Port, and 91 were of untraced origin. The very high case mortality shows that a large number of mild, non-fatal cases probably amongst the children, escape notification. This applies most to the Moors and the Tamils as the statement in the Appendix shows.

The statistics annexed show that the largest number of cases occurred at the 20-25 age period amongst males, and at the 15-20 age period amongst females. The number affected rapidly decreases after the age of

30, especially in the case of females.

The ward with the highest enteric rate was as usual Kotahena, but San Sebastian had the highest corrected "total fever rate," which is probably the most accurate index of the degree of infection. Wellawatta, Fort, St. Paul's, and Kollupitiva each had a relatively low corrected total fever-rate; but the St. Paul's one is almost certainly fallaciously low, a good deal of its deaths being ascribed to the Pettah.

13.—Infectious Diseases Notification.

The notifiable infectious diseases are plague, cholera, smallpox, chickenpox, measles, scarlet fever, diphtheria, acute or choleraic diarrhœa, enteric fever, simple continued fever of seven days' duration or over, and since January 1, 1910, phthisis.

The total number of these diseases reported and dealt with during 1912 was 2,529, which is a decrease

of 540 compared with 1911.

The totals since 1906, the first year upon which an annual report was submitted, have been as follows:—

			•	*				*						
Diseases notified.		1906.		1907.		1908		1909		1910).	1911	. •	1912.
Plague				—		_								_
Cholera		4		28		30		—		1		19		
Smallpox		40		49		438		85		69		36		
Chickenpox		231	• •	256		543		828		901		934		427
Measles		354		72		666		436		149		330		643
Scarlet fever		1								_				_
Diphtheria		10		13		7		8		18		12		10
Acute diarrhœa		12		13		85		11		11		19		6
Enteric		903		931		1,351		787		835		1,063		577
Simple contin	ued													
$\overline{\text{fever}}$		42		121		251		119		78		71		111
Phthisis	• •	_		_	• •	—		_		222		585	• •	755
Total	• •	1,597	-	1,483	-	3,371	_	2,274	-	2,284	-	3,069		2,529
	_		-		T	otal, les	ss P	hthisis		2,062	-	2,484	-	1,774

These figures are not inclusive of cases reported as coming from the Port and elsewhere outside the town. In 1912 these outside cases numbered 222, of which 100 were phthisis, 53 were chickenpox, and 44 were enteric fever.

The complete absence of both cholera and smallpox, and the great reduction in enteric fever in 1912, are the most noteworthy features of these statistics. The increase in the number of cases of phthisis reported during 1912, compared with 1910, is entirely due to improvement in notification, the death-rates from this cause having been practically identical during these two years.

The details in regard to these diseases are given in the Appendix.

14.—Food.

The fact that over 1,000 deaths occur every year in Colombo from diseases the infecton of which gains entrance with the food is, one would imagine, sufficient justification for incurring special expenditure with a view to improving matters in this respect, and yet, although this has been insisted upon in these reports year after year, nothing has been done. The arrangements for the inspection of food are exactly the same as they were twenty years ago, inasmuch as there is no special staff for food inspection, which has to be carried out as hitherto by the Sanitary Inspectors, who have a multiplicity of other duties to perform, and so cannot give the time or attention to it which the importance of this work demands.

This is not or d'table to a town the port of which, in point of tonnage of vessels calling, is third in the British Empire and seventh in the whole world, and which has become a favourite port of call for pleasure seekers. The town can quite well afford to maintain a staff of special Food Inspectors and ought to do so. The nucleus of such a staff should be begun, as has repeatedly been urged, by the appointment of a trained Food Inspector, who could in time train other men to work under him. Beally capable and reliable Food

Food Inspector, who could in time train other men to work under him. Really capable and reliable Food Inspectors are not easily obtainable, and a suitable salary should be offered to attract a good man.

(a) Milk.—A still further improvement took place during 1912 in the quality of the milk offered for sale in Colombo. Out of 1,200 samples examined only 150, or 12½ per cent. were below the standard, as against 17 per cent. in 1910 and 72 per cent. in 1907. Hitherto it has not been possible to obtain more than a chemical examination of milk, but during 1912, Dr. Hirst began a bacteriological examination and found that, although as was shown by the milk collected in one dairy, it is possible to produce milk here of a very high degree of purity (only 10 organisms per c. c. being found), in others there was the grossest contamination, as many as 20,000,000 organisms per c. c. and much filth being found. The bacillus tub realosis has never yet been found in a milk sample here. In fact so far as is known tuberculosis does not exist amongst the cattle here. This is no doubt due to he fact that the cattle live practically in the open air—the sheds being invariably open on one and generally on all side. It is expected that when the new Food and Drugs Act comes into operation a still further improvement will be effected by establishing, in addition to the chemical standard now in force, a bacteriological standard of purity. It is only by doing so that the dairymen can be compelled to adopt more modern methods of handling the milk, such as straining and cooling, for it is only by the bacteriological examination that carelessness in these respects can be detected. The health of householders is guarded as

much as possible at present by frequent inspections of the dairies, by frequent sampling for chemical examination, and by medical and bacteriological examination of all the milk vendors prior to registration, with a view to the detection of persons suffering from contagious and infectious diseases, and of "carriers" of enteric fever.

(b) Bread.—There is nothing new to record in connection with the bread supply, which has not so far been found to be adulterated in Colombo, although much of it is of inferior quality owing to the use of cheap

flours and inferior yeasts.

(c) Tinned Food Stuffs.—It is expected that when the new Food and Drugs Act comes into force, considerable improvements will in time be effected in respect of tinned food stuffs—especially as regards tinned milk, the use of which is unfortunately greatly on the increase, and much of which is of greatly impoverished quality. This is a matter of the highest importance in connection with the infant mortality, as has already been pointed out under that heading.

15.—WATER.

(a) Town Water.—During the year 164 samples of town water were examined chemically by the City Analyst, all of which were found satisfactory. The chemical examination, although most useful as a rough test, is not nearly so delicate as the bacteriological tests, which were begun systematically on March 30. 90 samples were collected and examined by Dr. Hirst, who subjected them to an unusually complete series of tests. The result of these bacteriological tests was to disclose evidence of occasional facal contamination in the town mains, in one case the pollution being definitely traced to a fractured main. This is probably the usual source of these pollutions, and may in some cases be due to the breaking up of the streets and subsidence due to the pumping operations carried on by the drainage works; but as there is no information on the point available in this office, nor as to the frequency with which these faults in the mains occur, or where they occur, I have asked the Waterworks Engineer to kindly inform me immediately a fault in the mains is discovered by his staff, in order that the water may be examined, and the extent and degree of danger, if any, of the pollution may be ascertained.

Although Dr. Hirst has not yet completed his investigations, he considers that the results so far obtained justify the conclusion that the main supply from Labugama is on the whole bacteriologically satisfactory. It will no doubt be improved, and the minor degrees of contamination due to the droppings of wild animals and

decaying vegetation will be eliminated when the Jewell system of filtration has been completed.

(b) Wells.—There are two classes of wells in Colombo, viz., (a) private wells, and (b) public bathing wells.

At the public bathing wells a variable charge is made by the owner for the use of the water.

All the wells in Colombo are technically "shallow" wells, and when one considers the foul nature of the soil in which a large proportion of them are sunk, it is not surprising that out of the 66 samples examined chemically during the year 51, or 77 per cent., were condemned as unfit for human consumption. Unfortunately for them the people in their ignorance cling to these foul wells, which they like owing to the coolness and clearness of the water which they contain, and one cannot convince them that the most dangerous of waters are often very bright, sparkling, and pleasant tasting. The work of closure of the worst of the private wells was continued, 33 having been closed during the year. No public bathing wells have so far been closed owing to the great demand which this would throw upon the town supply, and it was considered that until there was sufficient town water available to ensure an ample and permanent source for bathing purposes it would be inadvisable to close these public wells. Such of them as were found to be badly polluted have from time to time been treated with permanganate. The Bacteriologist has undertaken an examination of the water of these public wells, and it is proposed now that sufficient town water is available to gradually close those which are polluted, beginning with the worst.

There is the more justification for this in view of the fact that the Council has now established a number of excellent public bathing places in connection with the new water-carriage public latrines, and these are

very largely taken advantage of.

(c) Aerated Waters.—Great difficulty is experienced here in obtaining soda water free from copper; even some of the best firms from time to time experience this. The quantity of copper present is as a rule small, but there should be none at all as its presence is due to defective machinery. An improvement has been effected in this respect by the substitution of block tin pipes and block tin lining to the fittings instead of having brass exposed to the solvent action of the water charged with CO2 under pressure. Apart from the occasional presence of copper there is little fault to be found with the purity of the water as the manufacturers all use town water. Some of them have at times to be checked in the matter of filters, the crudest forms of which they sometimes adopt. When the Jewell system of filtration has been installed on the town system there should be no necessity for further filtration. It has occasionally happened that individual bottles of tonic and other sweetened waters have been found to contain dead flies, but this is very exceptional and is due to carelessness in the factory—especially as regards the protection of the syrup from flies. The best factories now provide fly-proofed syrup rooms.

16.—Public Markets.

There is little improvement to record in the state of the public markets, except as regards Dean's road, where the old fish stalls have been replaced by a new fish market, which is a great improvement on the old arrangement. If the Colombo markets generally are to be put into an up-to-date condition, a great deal more money than it has hitherto been customary to spend upon them must be allotted for this purpose. If the revenue derived from public markets were to be set aside for their improvement and maintenance, they could soon be put right, but, as has been pointed out earlier in this report, a large proportion of the revenue derived from this source has for many years been appropriated for other purposes, which in my opinion is not sound policy.

17.—Slaughter-house.

Apart from the lack of proper means of disposing of the drainage, the sanitary condition of the slaughter-house was maintained in a fairly satisfactory condition; but there are a number of improvements required. The City Sanitation Engineer is dealing with the drainage problem, and it is hoped that a workable scheme for improving matters in this respect will shortly be devised. The slaughter sheds require to be crow-proofed, the floors and drains require repairing, and the buffalo remaining shed requires to be provided with a permanent roof. There are a few other minor matters which require attention, and in respect of which it has been asked that provision should be made. It is highly desirable that a cooling room should be established and its use enforced.

The returns of animals slaughtered, revenue, expenditure, &c., are given in the Appendix, from which it will be seen that a special effort was made to improve the quality of the meat here by rejecting an unusually large number of animals on account of their being old and wasted, 2,208 animals being rejected on this account, representing 8 per cent. of those produced for slaughter.

Compared with 1911 there was an increase of 1,660 in the number of cattle and of 5,256 in the number of sheep and goats slaughtered. There was, however, a decrease of 89 in the number of pigs slaughtered, but whether this is due to a lessened consumption of pork, or to an increase in the amount of illicit slaughter, I am unable to say.

18.—REGISTERED TRADES.

(a) Dairies.—There were 38 dairies on the register at the beginning of the year, 9 of which were discontinued, while 10 new registrations were granted, leaving 39 on the register at the end of the year.

During the year the Colombo Ladies' League, which was started at the instance of Lady Clifford, offered a number of medals and prizes for the best kept dairies and bakeries. Committees of ladies were appointed for the purpose of inspecting and judging the premises of competitors, and the medals and prizes were awarded at the end of the year as the result of these inspections. The effect of this was to set up a beneficial rivalry amongst the competitors, which it is hoped will be maintained.

The advantage of this work does not however end here, for it has the effect of bringing the best kept places to the public notice in a way which cannot be done officially, and this in turn brings the tradesmen an encouraging increase of trade. It is sincerely hoped that the Ladies' League will continue this most useful work.

An advance in the matter of dairies, which was undertaken by this department during the year, was the examination for enteric "carriers" by the Bacteriologist, of the blood of all milk vendors prior to granting registration. No "carriers" have so far been discovered.

(b) Bakeries.—There were 56 bakeries on the register at the beginning of the year, 8 of which were discontinued, while 11 new registrations were granted, leaving 59 on the register at the end of the year.

There are still a number of bakeries in most unsuitable situations, but it is difficult to get them removed, although it is clearly in the best interests of the public health that such places should, after a reasonable period of grace, be closed. The decision on such matters should be based entirely upon sanitary grounds. It may at times seein hard upon individual bakers, who have carried on their trade for a number of years in a certain locality, and have so acquired a local trade connection, to be turned out; but many of these places have, since the bakeries were started, become overcrowded with buildings and otherwise insanitary, as the result of the uncontrolled and improper development of the locality, and the standard now set for bakeries is undoubtedly much higher than it used to be; but this is in my opinion no proper reason for allowing these insanitary bakeries to remain indefinitely as a menace to the public health. The sword must fall sooner or later, and the sooner the better for the public health.

(c) Laundries.—Apart from the fact that the work of getting the floors and walls of the laundries cemented and the provision of separate dwelling and working rooms has been continued, there is no improvement to record in regard to laundries. It is a most difficult problem. Recently, however, the question of providing a sufficient number of Municipal dhobi khanas to serve those who wash in the lake has been and is still under consideration, and it is hoped that a scheme will ultimately be evolved which will make it possible to put a

stop once and for all to washing clothes in the sewage contaminated lake.

The difficulty of supervision, and of getting improvements effected, is greatly increased by the fact that dhobies having practically no stock in trade are constantly changing their houses. During 1912, for instance, 98 were discontinued, while 110 were granted registration for new houses. There were 285 dhobies' houses.

on the register at the end of the year.

(d) Eating-houses.—It is only by constant inspection and, where neglect is found, by prosecution, that eating-houses, especially the small ones, can be kept in anything like a satisfactory condition. The mess in which they are sometimes found is often the fault of the customers who are careless and dirty, throwing scraps of food upon the floor, spitting, &c., and the keepers and their inadequate staff of servants are so busy attending to them that they neglect to keep the place clean. This is especially the case in the poorer and more crowded parts of the town. There are, however, a number of very well conducted eating-houses.

Like the dhobies, the eating-house keepers are constantly changing their places of business. During 1912, 102 were discontinued while 118 new registrations were granted, leaving 303 on the register at the end of

the year.

(f) Aerated Water Factories.—There were 15 of these on the register at the end of the year, 10 being in Slave Island alone. Some of them are very well kept, while others are a constant source of trouble to this department. Just as in the case of most other trades, it is the petty trader who gives most trouble and requires the greatest amount of attention from the sanitary staff.

19.—Cemeteries.

The General Cemeteries are Kanatta, Madampitiya, and Liveramentu. The Council's staff control only so much of these cemeteries as has not been handed over to the Episcopalians and the Roman Catholics. A good deal of improvement has been effected in the appearance of the General Cemetery by the construction of the lych-gate and by the work of the garden staff. It is hoped that in time this may become one of the most beautiful spots in Colombo, as it ought to be. Madampitiya and Liveramentu cemeteries are both in a very neglected condition, and it is hoped that the appointment of the two new keepers will improve matters. Already Madampitiva shows signs of improvement; but both there and at Liveramentu it will take some time and money to put them into a satisfactory state.

20.—Work Statements.

(a) Sanitary Inspectors (14 men and 1 woman Inspector).-It is the duty of Sanitary Inspectors to be constantly finding fault with and getting those punished who do not comply with the sanitary laws. Therefore the more energetic and fearless an Inspector is in carrying out his duty the greater is the number of persons against whom he has to proceed. It is thus obviously impossible for a good Sanitary Inspector to escape making enemies, especially in a place such as Colombo, where a very large section of the population is not only grossly careless in sanitary matters, but resents being compelled to observe the sanitary regulations. As everyone knows, the very first weapon which is generally used here by an enemy is the false charge, and it is not therefore surprising that not a year passes without the Sanitary Inspectors as a class being assailed with charges of blackmailing and other misconduct. The result of this is that a well-nigh intolerable atmosphere of suspicion and distrust has arisen around these men, making it extremely difficult for even an honest man to carry out his duty without the risk of being made the subject of attack. How far this distrust is justified it is exceedingly difficult to say, but personally I think the Inspectors as a class are a much maligned body. Nevertheless the feeling undoubtedly exists. That being so, it is hard to understand why one of the most effective means of checking the Inspectors, viz., a Chief Sanitary Inspector, has been denied this department, in spite of my repeated requests that such an officer should be appointed. This is, I should think, almost the only town of importance in the world which does not employ a Chief Sanitary Inspector, and I must again repeat my request that such an officer be appointed. Not only is it most depressing for the staff to have to work in an atmosphere of su picion and distrust, but, if matters are allowed to continue as at present, it will become impossible to get good men to come forward as candidates for inspectorships. Nothing but a grave concern for the future of this d par'ment would have induced me to bring up this most distasteful subject; but I feel that it is only fair to the men under me that their side of the case should be represented.

During the year 69,493 inspections were paid, which is an increase of 20,701 compared with the previous year; 3,604 notices were served representing an increase of 503; 33 wells and 25 eesspits were closed; 567 houses were disinfected (exclusive of the 1,031 disinfected by the Sub-Inspectors); 4,465 prosecutions were entered, of which 3,827 were convicted, 410 were pending, and 232 or 5 per cent. were discharged or withdrawn; fines aggregating Rs. 33,052 were imposed representing an average fine of Rs. 8-63 per conviction, which is almost exactly the same as in 1911. Of the prosecutions, the vast majority were as usual for filthy premises.

The details of the work done, and of the structural improvements effected, are given in the Appendix, from which it will be seen that 1,428 new doors, windows, and skylights were constructed in existing buildings, 83 existing doors, windows, &c., were enlarged, 64 obstructive buildings were demolished, 60 obstructive parts

of buildings, such as eaves, partitions, &c., were removed, and 410 ventilators were constructed.

(b) Sub-Inspectors (four).—The work of the Sub-Inspectors is confined ordinarily to inquiring into and taking action in respect of enteric fever and phthisis, but their services have at frequent intervals to be requisitioned to act for Sanitary Inspectors, there being no Relief Sanitary Inspector.* During the year they carried out the disinfection of 531 fever and 419 phthisis-infected houses, and 81 houses infected by other diseases, making in all 1,031 houses disinfected by them.

(c) Cleansing Gang (1 overseer, 4 coolies).—During the year 812 filthy premises were cleaned out by the Public Health Department cleansing gang, 240 of those being premises where enteric fever had occurred.

(d) Insect Prevention Gang (January to October, 1 overseer, 2 eoolies; November to December, 2 additional overseers and 4 additional coolies).—2,957 premises were visited during the year, in 573 of which mosquito breeding places were found and abolished. 25 prosecutions were entered in this connection and 24 convictions were obtained. 104 pools were oiled.

This gang has since been handed over to Major James, I.M.S., who is conducting a stegomyia survey, and is organizing this work on a much more comprehensive and effective scale than has hitherto been possible.

(e) Disinfecting Station.—The equifex steam disinfector worked satisfactorily, 145 loads comprising 3,785 articles being dealt with during the year.

21.—MUNICIPAL FREE DISPENSARY, SLAVE ISLAND.

The staff attached to this, which is so far the only Municipal dispensary in the town, consists of a Medical Officer, an Apothecary, two lady Health Visitors, and one Midwife. The Medical Officer attends to the patients who call at the dispensary, and also visits such cases in their houses as are reported by the Health Visitors to be unable to attend. He also visits confinement cases at the request of the midwife. The efforts of the staff are directed as far as possible with a view to preventing infant mortality. In addition to paying systematic visits to all houses in the poor quarters, the Health Visitors are required to visit every house in which a birth occurs in their district, and to inquire into and give advice in regard to infant feeding. For this purpose a weekly return of all births registered in the ward is sent from the office to the dispensary, and in cases where hand feeding is found inquiries are made as to the nature of the feeding, and advice is given. Such cases are visited on an average four times. 131 cases of hand feeding were thus detected and visited during 1912.

Although the infant mortality in this ward showed some signs of improvements during 1910 and 1911, i.e., the first two years during which this dispensary has been in operation, it is disappointing to find that in 1912 it was again high, being in fact one of the highest infant death-rates in the town. Upon inquiring into this it was found that out of a total of 180 infant deaths in this ward during the year, no less than 77, i.e., 42 per cent., were due to convulsions, no other single cause having been responsible for more than 18 deaths. It was further found that of these 77 deaths 21 occurred during the first and 20 during the second week of life, making in all 41 deaths, i.e., 52 per cent., within the first month of life. As births do not, according to the present law, require to be registered before six weeks from date of birth, it follows that over half of the children born may die before this department hears of them. †

This state of affairs has been dealt with in England, under the Notification of Births Act, 1907, by making it compulsory for the father, or in his absence by any person attending upon the mother at the time of or within six hours after the birth, to give the Medical Officer of Health written notice of the birth within 36 hours of its occurrence; such notice being in addition to, and not in substitution of, the usual registration.

A similar law should be adopted here; but it would be necessary in such a ease to provide a staff of health visitors sufficient to cope with the work entailed by the visiting of the eases reported. There are over 5,000 births registered in Colombo each year, but it would not be necessary to visit all of these, as many are under the care of qualified medical men and should require no attention from this department. Possibly one health visitor for each ward might suffice.

The Mcdical Officer of the dispensary reports that during the year 10,050 patients were treated at the dispensary, as against 7,906 in the previous year. Their total visits aggregated 18,671, the daily average

being 60.

The details of the work done during the year by the staff of the dispensary are given in the Appendix.

22.—MUNICIPAL MIDWIVES (SIX).

677 eases, representing 690 births, were attended by the six Municipal midwives during 1912, there having been 13 multiple births. Amongst the children born there were 39 still-births and 13 deaths within ten days of birth, representing a death-rate (exclusive of still-births) of 1.93 per cent., which is considerably below the 1911 rates. Details of these cases are given in the Appendix.

23.—MUNICIPAL ENTERIC HOSPITAL.

The Medical Officer of this institution reports that during the year 184 cases were treated, with 45 deaths, representing a case mortality of 24·4 per cent. The corresponding figures for 1911 were 354 cases with 77 deaths, representing a case mortality of 21·7 per cent.

The following statement shows the source of the eases admitted since the hospital was established, and the mortality amongst the cases:—

Case Mortality, Enteric Hospital, 1909-1912.

By whom sent.		1909.	P	ercentag	go of	Deaths. 1911.		1912.		agh Average For whole Period.
Municipal officers General Hospital Female hospitals Voluntary from town		18·29 14·81 27·27 15·38				$20 \cdot 2 \\ 29 \cdot 8$		$23 \cdot 0$	• •	$16 \cdot 0$ $18 \cdot 06$ $32 \cdot 96$ $22 \cdot 19$
Average	• •	17 · 80		14.81	-	21 · 7	-	24.4		19.68

^{*} Since writing the above a Relief Inspector has been sanctioned by the Council.

[†] By Ordinance No. 4 of 1913 births must be reported to the Registrars within 36 hours of their occurrence.

Reference has been made in previous reports to the consistently high mortality amongst the cases sent from the female hospitals, and it has been suggested that some investigation by the authorities concerned is desirable. No information has, however, been so far received on the subject in this department.

As it was found impossible to obtain trained nurses for the enteric hospital, there being a very great scarcity of these in the town, two probationers were taken on, and are being trained under the matron. This system, although not so satisfactory as having trained nurses, works fairly well.

The health of the staff was well maintained during the year, none of them having contracted enteric

fever.

24.—MUNICIPAL BACTERIOLOGICAL LABORATORY.

Dr. Hirst, in his report which is annexed, gives an interesting account of the work which he has carried out during the year. The securing of the necessary appliances and stocks, most of which had to be obtained from Europe, occupied the greater part of the first half of the year; but by the end of the year the amount of work undertaken had reached the maximum which could conveniently be carried on in such a small laboratory. The present crowded state of the laboratory affords ample evidence of this, and it is advisable that provision should at once be made for extending the accommodation, and giving Dr. Hirst some assistants. As matters at present stand he has got no one who can in any way relieve him or act for him should a rush of work come,

or should he become sick, or go on leave.

The work undertaken during the year included routine examination of the town water; examination of the water in the public bathing wells; examination of the milk supply; an investigation into the effect of the sewage effluent from the treatment works upon the river, and into the survival of pathogenic organisms in the sewage sludge; an investigation into the rat question with special reference to rat plague and rat leprosy, neither of which were however found; a collection and classification of ectoparasites on rats, in which connection it is noteworthy that the common plague flea was not found; an examination of all milk vendors with a view to the detection of enteric "carriers," none of which were however found; an investigation of the problem of whether fæcal organisms ingested by fly larvæ breeding in the trenches at Narahenpita survive through the stage of pupa and imago and can so be carried to the town, but so far no definite conclusion has been arrived at on this point, the investigation of which is hampered by considerable practical difficulties.

Early in May the work of inoculating Municipal employés (free of charge) against enteric fever was with

the consent of Council begun, and 68 injections were thus administered.

About the same time a circular letter was addressed to all the registered medical practitioners in the town inviting them to send samples of blood, sputa, &c., for free examination; but they were slow to take advantage of this offer, only 55 out of a total of 313 samples having been received from that source during the year. It is, however, expected that this work will increase when the advantages attached to it become better realized. For a fuller account of this most important branch of work reference may be made to Dr. Hirst's report, which is annexed.

25.—Staff.

The various appointments, resignations, and changes which occurred amongst the staff during the year are shown in the statement annexed.

Colombo, May 20, 1913.

W. MARSHALL PHILIP, Medical Officer of Health.

Annexure A.

Report of the City Analyst for 1912.

The total number of samples examined amounted to 1,617.

Milk was the food product mostly examined. 1,207 samples were received, of which 12.5 per cent. were considered adulterated.

The condensed milks tested numbered 7. The analyses showed the necessity of a thorough investigation of the condensed milks imported. Numerous samples have been tested in the current year, and a special report will be issued later on the subject.

230 waters were tested. All the town waters gave satisfactory results. Well waters were again not Some wells were tested several times and finally condemned as being unfit for human consatisfactory.

sumption.

The reservoir was visited with the Medical Officer of Health, and the system of supply examined. Nine samples were taken from different parts of the reservoir, inlets, screen washings, syphon, outlet. The results showed the system to be working satisfactorily.

Copper is constantly being detected in soda water; 44 samples were tested, of which only 7 were free

Ten arracks were examined, of which only one was found free from copper. When the Excise Department is in full working no doubt copper free arracks, and a decrease in acids and higher alcohols, will be

Ghees are rarely pure: 8 were tested and found to be adulterated.

- 24 samples of flour were examined. They were all found up to the gluten standard.
- 26 samples of bread tested were found to be of good quality, and free from alum.
- 18 samples of sugar were found to be free from deleterious matter.

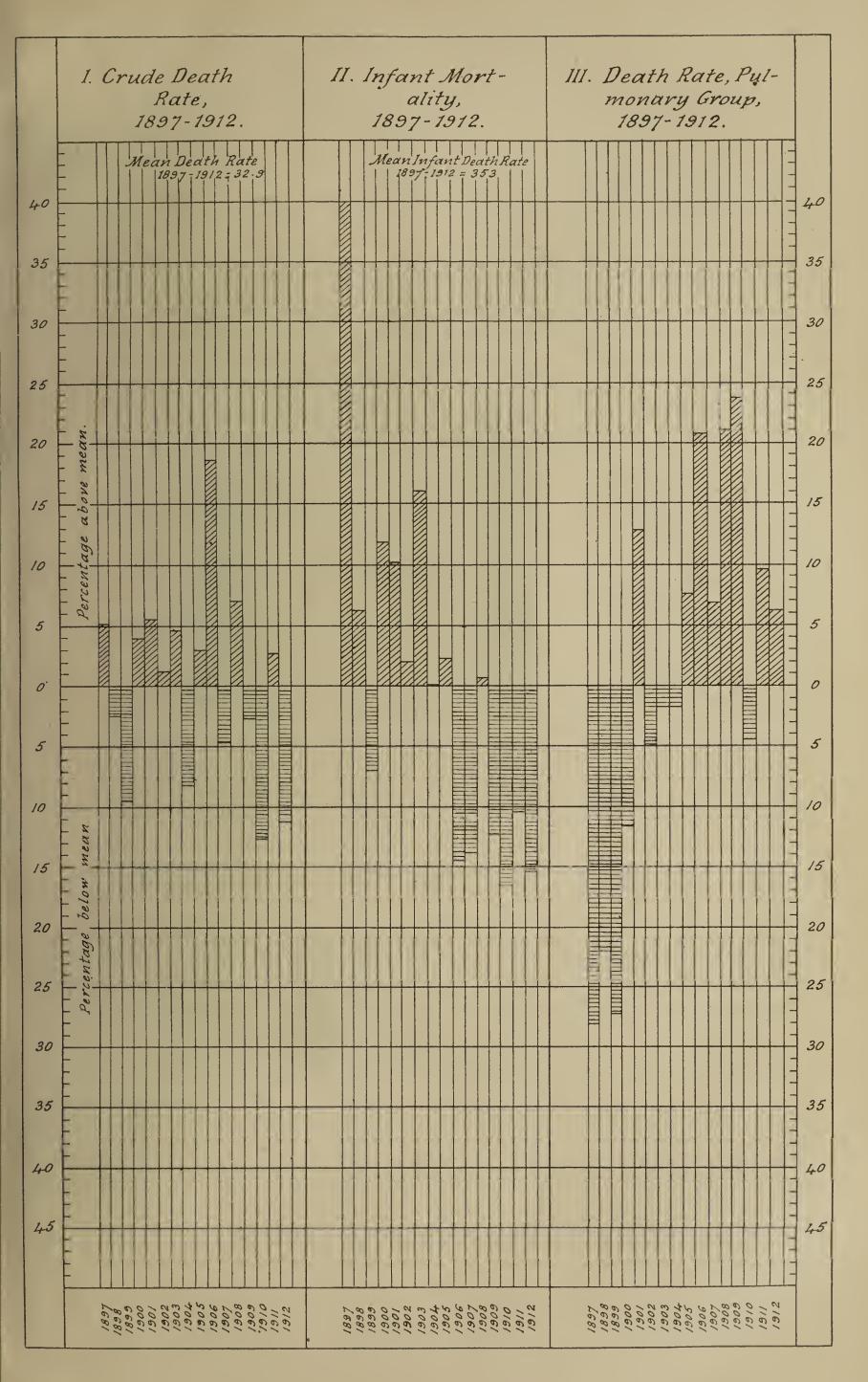
8 cakes and sweets examined, were found to be of good quality.

14 samples of sewage and sludges drawn from different parts of the sewage plant at Madampitiya and slaughter-house were investigated. The examination showed the plant to be working effectively, but the sewage to be more dilute than European sewage. 5 sub-soil waters were also examined in connection with above.

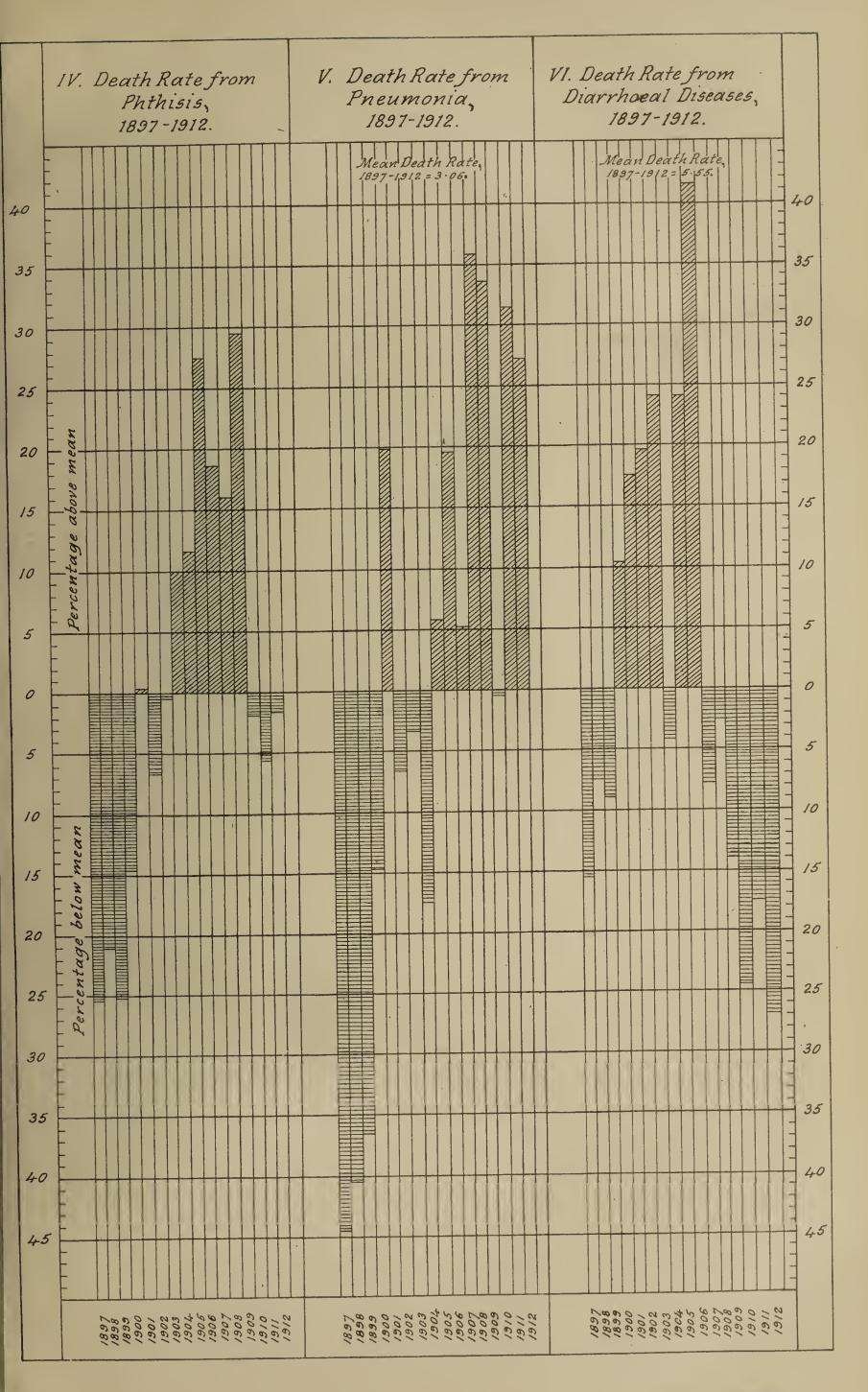
2 highly adulterated samples of tea were tested.

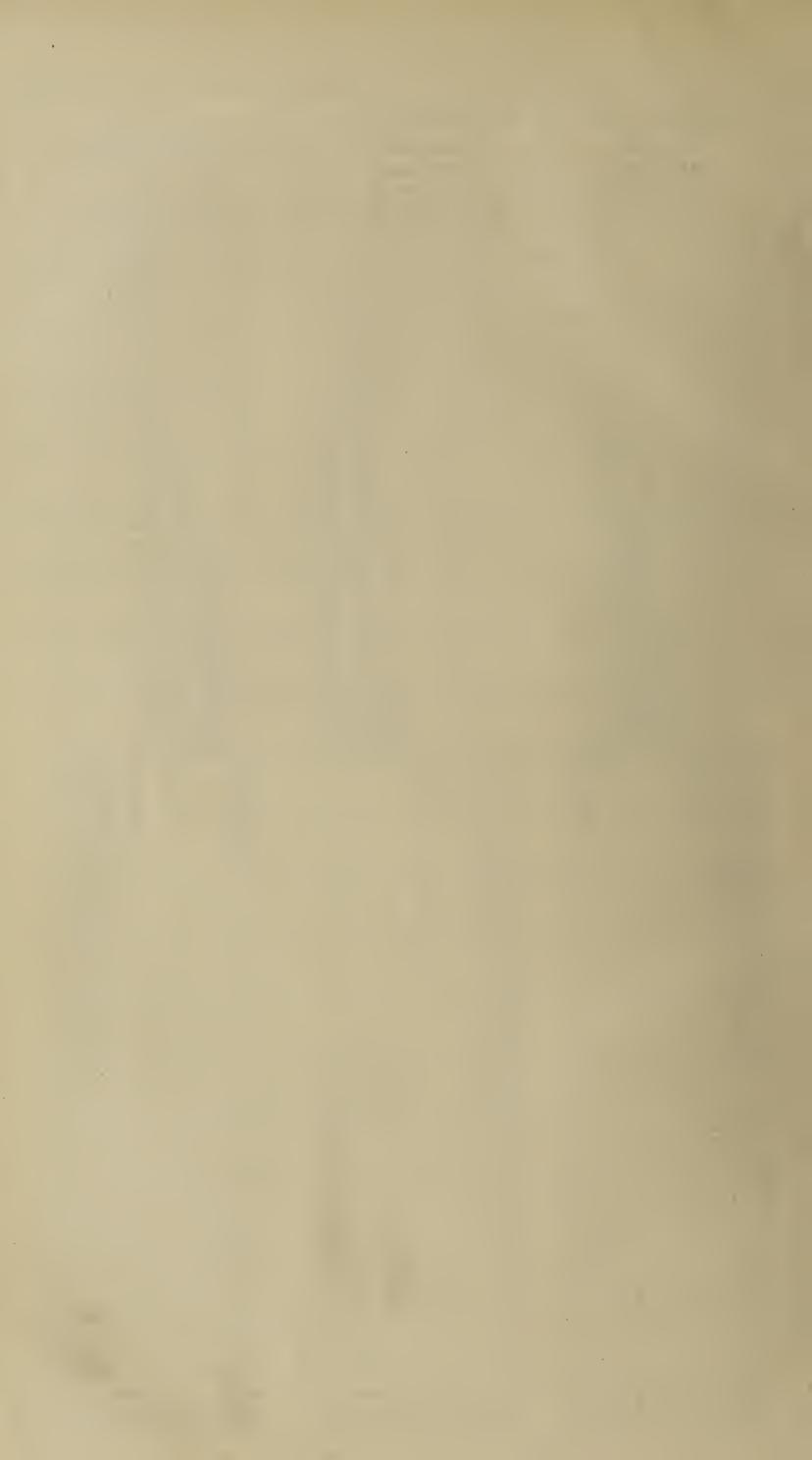
3 poonacs for the Veterinary Surgeon were analysed for a comparison of feeding qualities.

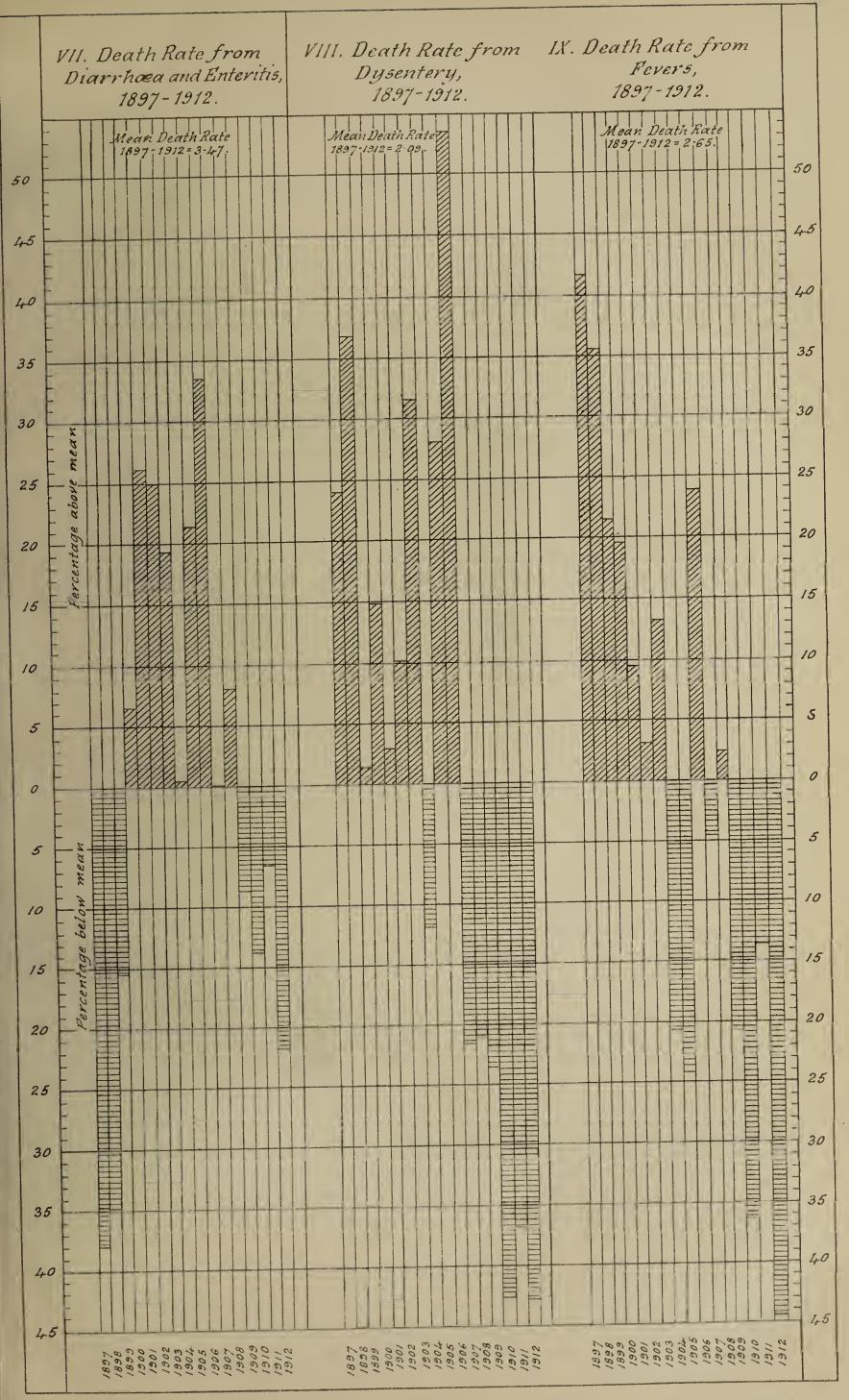
A. BRUCE, Acting City Analyst.













Annexure B.

Report of the Municipal Bacteriologist for 1912.

Summary of Work Done in the Laboratory during 1912.

Specimens of blood, sputa, Practitioners, the Municipa			Samples received.	Examinations made.
and the Public Health Depa		rrospitai,	313	 373
Town and well waters			107	 856
Food and milk samples			40	 230
Sewage and miscellaneous			20	 80
Rats caught by anti-pest gang	•••		1,107	 2,214
			1,587	3,753

In the course of a busy week about 1,000 tubes of culture media and 120 sterile plates and 200 sterile

pipettes are prepared and used in the laboratory.

The year 1912 has been a period of rapid growth in the work of the laboratory. During the first six months of the year little general bacteriological work could be undertaken for lack of sufficient stores and equipment. The greater part of the necessary materials arrived from Europe towards the end of June. Before the end of the year the amount of work being done had reached the maximum which could conveniently be carried on in a small laboratory. It will be necessary to extend the laboratory and commence the training of an Assistant as soon as possible, if the work now in hand is to progress at a reasonably rapid rate.

The routine bacteriological examination of the Colombo water supply was commenced on March 30. I have personally collected ninety samples from the various reservoirs and from standpipes and house-taps throughout the town. Each sample has been subjected to an unusually complete series of bacteriological tests. The results obtained have in many instances proved to be of great practical and scientific interest.

Many of the questions which have arisen in the course of the inquiry are still under investigation. I hope to be able to include an account of the work done on the bacteriology of the Colombo water supply during 1912 in an Appendix to a future annual report, dealing fully with the whole subject. It is probably justifiable to draw the conclusion from the analyses completed during 1912 that the main supply from Labugama is on the whole bacteriologically satisfactory. The water shows evidence of a minor degree of contamination of a comparatively harmless nature. It strikingly exhibits the influence of variations in amount of sunlight and rainfall on the bacteriology of water.

The results of the bacteriological analyses of town water have occasionally indicated fæcal contamination. In one instance the source of pollution was definitely traced to a fractured main. There is a striking difference between the bacterial content of the water issuing from the Elie House and Maligakanda reservoirs respectively. For example, while six samples of Elie House water taken at different times average 52 organisms per c.c., a similar number of Maligakanda reservoir waters taken at corresponding dates show an average of

316 per c.e.

The examination of the Colombo bathing-well waters was commenced in September. It will probably require another twelve months to complete the examination of all the well waters. Meanwhile it may be said that while some of the samples yielded unexpectedly satisfactory results, on the whole the majority of

the waters so far examined are not of good quality.

An inquiry into the bacteriological condition of the milk supplied in Colombo began in August. Some of the samples examined were extremely unsatisfactory, containing as many as 20,000,000 organisms per c.c., and much filth. On the other hand, the results obtained from some of the samples show that it is possible to supply milk of a high degree of bacterial purity, even under the adverse conditions in respect of temperature which prevail in the tropics. One sample obtained from a dairy in Castle street contained only 10 organisms per c.c.

The B. tuberculosis has not as yet been found in a milk sample. Tuberculosis appears to be rare among cattle in India and Ceylon, doubtless as a consequence of the open air conditions under which the animals

are kept.

At the instance of the City Sanitation Engineer, bacteriological investigations have been carried out into the effect of sewage effluent from the Madampitiya treatment works on the water of the Kelani river and into the survival of pathogenic organisms in sewage sludge. The result of the first inquiry showed that under the conditions then prevailing the effect upon the river water was only discernible for a distance of about 500 yards from the outfall of the sewer.

I have devoted a good deal of attention during the year to the details of the equipment of the new

laboratory for the analysis of sewage at Madampitiya.

During the course of the year over 1,000 rats caught by the anti-pest gang have been examined at the

laboratory. The rats were derived in approximately equal numbers from each ward.

No chronic or acute rat plague could be detected in any of the specimens examined. Suspicious lesions in the lymphatic glands and internal viscera were detected in several rats, but in no instance could the plague bacillus be isolated. General enlargement of the lymphatic glands was associated in some rats with the presence of unusually large numbers of the *Trypanosoma Lewisi* in the blood.

A search has also been made for evidence of the rat leprosy of Stefansky, both the skin and the superficial lymphatic glands being carefully examined. It has been suggested that there is an association between the disease in the rat and in the human subject. I have been unable to detect any sign of rat leprosy in the Colombo rat. Skin lesions due to a small sarcoptic parasite are not uncommon. It is probable that the disease is more or less peculiar to sewer rats. Mus rattus appears to be the species of rat most common in Colombo. Seventy-five per cent. of the local rats brought to the laboratory were members of this species. With the exception of a few specimens of musk rat, the remainder consisted of Mus decumanus.

A collection of the ecto-parasites from these rats were forwarded to the British Museum for identification. The fleas were identified as *Xenopsylla Astia* (Roths), a species first described by the Hon. C. N. Rothschild

from Rangoon fleas (1911).

Among the Gamasid parasites were the widely distributed *Lelaps agilis* (Koch), and a species of Leiognathus, which is possibly new. It is noteworthy that the common plague flea, *Xenopsylla cheopis* (Roths), was not found.

It has not been practicable with the assistance at my disposal to undertake an accurate determination of the flea index. The comparatively few observations I have been able to make indicate that the period of maximum prevalence of fleas on Colombo rats occurs during the south-west monsoon. This is presumably the likely period for a plague epidemic, if such a misfortune were to fall upon Colombo. The months of March and April appear to be the principal breeding season.

A circular letter was issued on May 21 by the Medical Officer of Health to medical men practising within the Municipal limits inviting them to send samples of blood, sputa, &c., to the laboratory for bacteriological diagnosis, free of charge. For some months after the issue of the circular very little advantage was taken of the privilege. Towards the end of the year, however, the number of samples received from practitioners showed an increase. The total number of examinations of this kind only amounts to 55.

On May 17 I commenced the administration of doses of typhoid vaccine to Municipal employés. The vaccine employed is prepared in the laboratory by a similar method to that used with such success by Sir William Leishman for the anti-typhoid vaccination of the British Army in India. Sixty-eight injections

have been given since May.

A commencement was made in November with an inquiry into the incidence of typhoid fever "carriers" in Colombo. At the suggestion of the Medical Officer of Health an attempt is being made to solve the question of the survival of feecal organisms ingested by fly larvæ breeding in the trenches at the night-soil depôt through the stage of pupa and imago.

I should like here to express a word of commendation for the painstaking manner in which the clerk to the laboratory, Mr. L. P. Perera Gunetilleke, and the present attendant, H. J. Caldera, have performed

their duties since appointment.

Colombo, April 8, 1913.

L. FABIAN HIRST,
Municipal Bacteriologist.

Annexure C.

STATISTICS.

No. 1.

(a) Average Mo Temperature at C 43-44 Y	Colombo (Fort).	at Colomb	Iean Temperature o (Fort) during 1912.	Pressure Altitude	(c) Average Monthly Mean Pressure at Colombo (Fort). Altitude 40 Feet above Mean Sea Level. Inches.			
January February March April May June July August September October November	79·1 80·3 82·1 82·7 82·3 81·0 80·6 80·7 80·8 80·0 79·8	January February March April May June July August September October November	78· 81· 83· 82· 82· 80· 82· 82· 82· 82· 82·	4 February 1 March	$\begin{array}{c} \dots & 29 \cdot 875 \\ \dots & 29 \cdot 875 \\ \dots & 29 \cdot 855 \\ \dots & 29 \cdot 815 \\ \dots & 29 \cdot 804 \\ \dots & 29 \cdot 812 \\ \dots & 29 \cdot 824 \\ \dots & 29 \cdot 829 \\ \dots & 29 \cdot 848 \\ \dots & 29 \cdot 849 \\ \dots & 29 \cdot 854 \\ \end{array}$			
$egin{array}{c} ext{December} \ ext{Year} \end{array}$	$\begin{array}{ccc} & \ddots & 79 \cdot 1 \\ & \ddots & 80 \cdot 7 \end{array}$	$egin{array}{c} ext{December} \ ext{Year} \end{array}$	79· 81·		$\begin{array}{ccc} & 29 \cdot 866 \\ & 29 \cdot 842 \end{array}$			
(d) Monthly Mea Colombo (Fort)		Gauge Altitu	bservatory, 1912. ide 4 Feet above nd Level.	up of Obser Fort Reco	Rainfall Average for 43 Years made up of Observatory Records, and Fort Records corrected to the Lower Altitude.			
January February March April May June July August September October November December Year	Inches 29 · 933 29 · 883 29 · 873 29 · 825 29 · 825 29 · 818 29 · 833 29 · 849 29 · 861 29 · 862 29 · 893 29 · 859	January February March April May June July August September October November December Year	$egin{array}{cccccccccccccccccccccccccccccccccccc$	January February March April May June July August September October November December	Inches $ \begin{array}{ccccccccccccccccccccccccccccccccccc$			

No. 2.—Population by Race.

Race.				Population at Census of 1911	pulation estimated to Middle of 1912.
All Races				212,295	 227,026
Europeans	• •			3,001	 3,160
Burghers				13,485	 14,932
Sinhalese				94,085	 101,774
Tamils				51,975	 .55,208
Moors				38,169	 40,036
Malays				5,364	 5,687
Others	• •	• •	• •	6,216	 6,229

No. 3.—Area and Estimated Population by Wards, 1912.

Wards.		Total Area.	N	ett available Area.	Estimated Popula- tion.		Density per e of available Area.
Fort and Galle Face		220		112	 3,631		$32 \cdot 4$
Pettah		92		67	 8,245		$123 \cdot 0$
San Sebastian		116		108	 11,939		110.5
St. Paul's		143		135	 25,576		$189 \cdot 4$
Kotahena*		1,649		1,056	 41,936		$39 \cdot 7$
New Bazaar		2 89		226	 23,068		$102 \cdot 1$
Maradana*		1,297		1,025	 45,219		44.1
Slave Island		313		304	 22,732		74.8
Kollupitiya*		1,928		1,655	 25,895		15.7
Eastward Extension		1,593		1,593	 11,286		7 · 1
Wellawatta Extensio	n	620		620	 7,499		$12 \cdot 1$
The Lake	• •	416	• •		 	• •	
Colombo Town		8,676		6,901	 227,026		32.9

^{*} These Wards are further divided for administration purposes.

[For Table 4 see page 36.]

No. 5.—Colombo and Ceylon Birth-rates, 1902-1912.

				Birt	h-rate pe Populati	or 1,000
Year.				Colombo.	r opaiau	Ceylon.
1902				$22 \cdot 9$		38.5
1903				21.5		40.0
1904				21.6		38.5
1905		• •		$22 \cdot 5$		38.7
1906		• •		26.4		35.7
1907				23.4		$32 \cdot 8$
1908				24.5		40.1
1909				$23 \cdot 7$		37.5
1910		••		23.1		39.0
1911		••		$24\cdot7$		
		Average, 1902–1911	• •	$23 \cdot 4$		
1912	• •	• •		$22 \cdot 9$		

No. 6.—Racial Birth-rates.

	,			Birth-rate per 1,000 Population.				
Race.		Av	erage, 1902-		1912.			
All Races	 • •		$23 \cdot 5$		22.9			
Europeans	 • •		28.4		$28 \cdot 5$			
Burghers	 		$33 \cdot 4$.		$30 \cdot 3$			
Sinhalese	 		30.0		$28 \cdot 5$			
Tamils	 		$12 \cdot 2$		$12 \cdot 2$			
Moors	 		19.2		$19 \cdot 5$			
Malays	 		$30 \cdot 7$		$34 \cdot 6$			
Others	 		$12 \cdot 9$		$15 \cdot 4$			

No. 7.—Ward Birth-rates.

					-rate per	
]	Population	n.
Ward.			Ave	rage, 1902-1		1912.
Colombo Town .				$23 \cdot 5$		$22 \cdot 9$
Fort and Galle F	ace			$3 \cdot 8$		2.8
Pettah .	•		• • .	$6 \cdot 5$		5.0
San Sebastian .	•	• •		$19 \cdot 8$		19.9
St. Paul's .		• •		$17 \cdot 1$		16.2
Kotahena .	•	• •	• •	$21 \cdot 3$		$21 \cdot 2$
New Bazaar	•	• •	• •	$23 \cdot 2$		$20 \cdot 9$
Maradana .	•		• •	21.8		$21 \cdot 3$
Slave Island .	•		• •	$23 \cdot 2$		21.8
	•	••		$17 \cdot 5$		16.2
Eastward Extens	sion	• •		$16 \cdot 3$		$14 \cdot 7$
Wellawatta						24 · 9

No. 4.—Population at the Census of March 10, 1911.

		CEYLON	i Brek	0010	NAL	IA	PEI	,	1914.		
*sə	ilims¥ 1	o .oN	170	1	$1,411 \\ 5,403 \\ 2,210$	3,326 $4,777$	4,680	3,653	1	1,185 2,699 2,132	40,401
	uoH to . .beiquoo		170	1	1,411 5,328 2,137	2,941	4,361	3,402	1	1,156 2,657 2,107	38,667
	·srs.	оцто	21	20	19	01 12	10	25.	80	12 190 5	440
	sns.	dsindO	873		1,134 6,560 1,596	7,643 $13,825$	4,186	3,609	198	2,145 6,263 1,765	60,083
Religions.		speu syny	1,325	I	2,766				280	678 $1,271$ 426	45,821
Re	·sn	bniH	490	2	1,966				382	1,206 3,636 1,597	40,689
	.stsir	Ibbud	188		2,082 3,138 2,756	3,907	6,536	5,424	ŀ	2,293 7,342 7,122	55,262
	·sac	эч10	117	G	604 285 153	144	1,254 428	$\frac{161}{161}$ $1,305$	757	117 433 205	6,216
	·sA	gslsM	48	1	90 30 187	$\frac{105}{185}$		બ		179 117 53	5,364
	bns sra	Burghei	86	I	147 546 415	521	1,487	1,119	1	429 2.263 419	13,485
	surs.	Enrope	295	1	55 14 98	163 23	41	252	249	335 946 35	3,001
vi	rs.	Indian.	932		1,895	362	2,129	465 1,599	1	112 358 123	13,688
Nationalities.	Moors	Ceylon.	330	1	335 2,809 3,018	1,815	4,954	1,853	1	374 708 241	24,481
	lls.	Indian.	540	9	2,281	1,334	2,265	2,185 3,489		1,169 3,761 1,580	36,723
	Tamils.	Ceylon.	184	1	250	502 502 655	1,312	1,405 1,571	1	591 931 284	15,252
	ese.	Kandyan.	42	1	80	135	189	229 254	1	382 232	2,495
	Sinhalese.	Low- country.	911]	2,254	10,355	8,473	6,589		2,952 8,803 7,743	91,590
		Females.	123	C)	972	6,781	9,413	5,774 8,021	58	2,602 7,238 4,440	81,659
	Persons.	Males. F	3,374	13	6,995	8,515	12,893	9,176	948	3,732 11,464 6,475	130,636
	P	Total.	3,497	15	7,967	15,296 25,260	22,306 22,306	28,733 14,950 20,979	1,006	6,334 18,702 10,915	212,295
		<u> </u>		:	::	: :	: :	: : :	:	:::	:
	Wards.		Fort	Military	Pettah St. Paul's	Kotahena North Kotahena Senth	New Bazaar	Maradana North Maradana South Slave Island	Military	Kollupitiya North Kollupitiya South New Extensions	Total

MUNICIPALITY OF COLOMBO.

No. 8.—Death-rate per 1,000 population from:—

Zymotic Diseases		 			$2 \cdot 52$
Tuberculous Disease	s :				
(a) Phthisis		 	2.82 }		2.96
(b) Others	• •	 	0.14	• •	2 30
Diseases of Respirat	ory System :—				
(a) Pneumonia		 	3.70		4.97
(7) 0.13		 	1.27	• •	4.91
Diseases of Circulate	ory System	 			0.52
Diseases of Nervous		 			$3 \cdot 31$
Malignant Diseases		 			0.21
Septic Diseases		 			0.15
Violence		 			0.60
Premature birth		 			0.59
All other causes		 		• •	11.01
		All	causes		26.84

N.B.—These rates have been calculated exclusive of deaths in hospitals of non-residents.

[For Tables 9 and 10 see pages 38 and 39.]

No. 11.—Principal Causes of Deaths, 1902-1912, All Races, All Ages.

			m Ra	te per 1	,000	Popula	tion	
Cause of Death.		Average 002 to 19	ð,	Crude 1912.		orrected	_	Increase or Decrease (Crude),
Diarrhœa and enteritis		$3 \cdot 79$		2.85		2.58		94
Phthisis		3.48		$3 \cdot 14$		2.82		- · 34
Pneumonia		$3 \cdot 40$		3.90		$3 \cdot 70$		+ . 50
Infantile convulsions		2.67		2.14		2.08		 · 53
Ill-defined causes		$2 \cdot 63$		1.59		$1 \cdot 45$		—1 ·04
Dysentery		1.97		1.20		1.07		- · 77
Enteric fever		$1 \cdot 31$		1.10		0.96		<u> ·21</u>
Bronchitis		1.23		0.97		0.97		 ·26
Tetanus		1.15		0.51		0.50		 · 64
Remittent fever		0.62		0.25		0.24		38
Simple and ill-defined fever		0.47		0.10		0.10		37
Anchylostomiasis		0.40		0.30		0.20		10
Intermittent fever		0.01		0.00		0.00		01

No. 12.—Mortality from Groups of Diseases, 1902 to 1912. Rate per 1,000 Population.

Year.			Pulmonary.		Diarrhœal.		Fevers.
1902			7 · 15		$6 \cdot 64$		$2 \cdot 73$
1903			$7 \cdot 40$		6.89		$3 \cdot 00$
1904			$7 \cdot 40$		$5\cdot 32$		2.10
1905			8.10		6.89		2.01
1906			9.08		$7 \cdot 85$		$3 \cdot 28$
1907			8.04		5.11		$2 \cdot 53$
1908			$9 \cdot 12$		$5 \cdot 40$		$2 \cdot 72$
1909			$9 \cdot 32$		4.78		2.10
1910			7.19		4 · 19		1.69
1911		• •	$8\cdot 24$		4.57	• •	$2 \cdot 29$
Averag	ge, 1902 to 1911	• •	8.11		5.76	* 11	2.41
1912 (cru	ide)	• •	8.01		$4 \cdot 05$	• •	1.45
1912 (con	erccted)		$\overline{7\cdot 49}$	• •	3.65	• •	1.30
Increa	se or Decrease (cr	ude)	<u> </u>		<u> </u>		- 0.96

 $32 \cdot 5$ $31 \cdot 0$ Non-residents. 1912, Exclusive of Death-rate per 1,000 Population. $\dot{\infty}$ Non-residents. 25. 32 32 1912, Inclusive of and their Rates for each Race during the Year 1912, showing the Rates for the previous Year and the Average for previous Ten Years 25.6 22.7 $32 \cdot 6$ ∞ Non-residents. 40. 1911, Exclusive of 28.3 33.429.527.3 27.3 $40 \cdot 1$ Non-residents. 33 1911, Inclusive of 34.0ċ 10 of 2001, 1902 to 1911 $^{\rm to}$ 35. 35. 32 28.5 22.9 30.3 12.2 15. Birth-rate per 1,000 Population. 28. 19. .2191 22.0 12.8 11.8 10 19. 38. 35. .1191 28.4 12.2 19.2 10 6. Average, 1902 to 12 185 2,817 1,502 1,026193 Non-residents. . 1912, Exclusive of 6,636 3,252 1,552 1,033 204 186 64 Non-residents. to evisulant, 11912, 6,603 217 89 154 1,721 Non-residents. 1911, Exclusive of 7,234 3,510 218 370 1,123 85 1,764 164 1911, Inclusive of Non-residents. 336 2,870 1,405 179 84 Average, 1902 to 1911. 452 2,903 780 197 96 90 .2191 5,280 99 482 3,022 751 71 .1191 2,403 4,311 153 533 80 68 Average, 1902 to 1911. 14,932 55,208 40,036 5,687 6,229 227,026 101,774 Military) at the middle of the Year. Population (inclusive of the No. 9.—Births and Deaths Europeans All Races Burghers Sinhalese Tamils Malays Others Moors

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		Homicide. Suicide. Execution.	7 16 9 12	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$					100 390 329 337 304 441 324 364 260 217 267 170 Deaths of non-residents, while the Ward rates include the
-		Old A _{ce} .	303 127	1 1 3 8 8 3 5 6 0 1 1 1 3 8 8 3 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					tes in
		Debility.	4103	12 4 4 6 0 4 2 2 2 1 0 0 8 0 8 9 4 2 2 2 1 0 0 8 0 8 0 8 2 2 2 2 2 2 2 2 2 2 2 2 2					d. ra
	Principal Causes.	Infantile Convul- sions and Tetanus.	5894	1 62 62 62 70 70 148 84 84 12 13 13 13 13 13 13 14 14 14 14 14 14 14 14 14 14 14 14 14	•				she Wa
	incipa	Diarrhæa, Dysen- tery, & Enteritis.	920	258 228 228 228 228 228 228 39					whilo
	Pr	Pneumonia and Bronchitis.	1108	23 213 213 135 135 135 135 135 135 135 135 135 1					dents,
ı		Phthisis.	713	1 1 2 8 8 8 2 3 3 1 1 1 1 2 2 1 1 2 2 1 1 2 2 1 2 1					-resi
		Fovers.	1330	1 2 8 8 2 1 1 1 2 8 8 2 1 1 1 2 8 8 2 1 1 1 2 1 2					non
		Smallpox.	1 11				1,000 Births.	299	100 390 329 329 337 304 441 324 364 260 217 267 170
.BB.		Сројета.		1 8 9 8 4 5 8 9 8 9 5 6 8 0 0 1	ant lity	Hby.	Proportion to	61	leagh and the second se
Dearns.		Others.	186 204	1 1 28 24 3 3 5 5 0 2 6 6 6 6 6 2 2 8 2 6 6 6 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Infant	PATOTA I	One Year.	1,554	10000000000000000000000000000000000000
		Malays.	1,033 18	15 10 10 10 10 10 10 10 10 10 10 10 10 10			Children under	.8	9 1 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	lity.	Moors.					1912 Corrected.*	26.	9. 238. 238. 257. 257. 267. 267. 267. 271. 271. 271. 271. 271. 271. 271. 27
	Nationality	-slim ₈ T	2 1,552				1912 Crude.	29.5	1 7.2 9.6 9.7 38.1 22.0 23.2 25.0 23.2 24.9 22.6 24.9 25.5 23.1 27.6 23.0 26.2 113.9 16.9 16.9 17.6 21.1 23.0 calculated, exclusive
	Z	Sinhalose.	3,252	222 71 129 632 528 528 528 166 79 430 435	n.	ths.	Corrected.*	6.0	1 2 2 2 2 2 2 2 2
		Burghera.	345	40 13 13 12 12 11 11 11 11	lation	Deaths.	1161	30	
	_	Europeans.	0 64	2 5 5 5 6 5 6 5 6 5 6 6 6 6 6 6 6 6 6 6	ndo.		1911 Crude.	33.8	10.7 12.4 26.6 31.4 25.1 25.1 28.3 33.0 21.8 15.2 18.2
	š.	Males.	2,850	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1 000°			9	
	Total Deaths.	Persons.	3,780	23 56 146 301 477 477 321 567 69 607 69 296 376	e per 1,000 Popule		Average, 1902 to 1911.	93	to
	Tota	Females.	6,636	262 263 563 948 948 663 1,043 121 132 422 422 422	Rate		1912.	7 22.	3.8 2.8 2.8 6.5 6.4 5.0 6.8 7.1 16.2 16.2 16.2 16.2 18.3 24.9 20.9 17.5 17.9 16.2 16.2 16.3 14.7 16.3 16.3 16.3 16.3 16.3 16.3 16.3 16.3
		Others.	96			Births	.1161	24.	2.8 5.4 16.2 16.2 24.0 224.0 224.0 117.9 116.3
		Malays.	197	1 1 8 1 8 C		P	11101 00	ī.	he rg
	y.	Moors.	780	123 90 90 150 160 160 19 10			Average, 1902 1911,	23	
	nalit	.slimsT	675	102 103 103 103 103 103 103				:	s) 22 22 22 22 1 1
	Nationality	Sinhalese.	2,903	24 75 124 627 627 209 183 138 117 117					
Births.		Burghers.	0 452	7			d.		idan It It It It It It It It It I
Ω Ω		Europeans.	2,478 90	108 108 108 108 1205 1225 1229 1229 1229 1229 1229 1229 122			Ward.	Town	tian ar ar ad Town Res Town Res Unknown Non-Resided
	Births.	Females.	İ	25 25 208 208 208 254 254 254 254 256 256 266 218 266 266 266 266 266 266 266 26				l .	Fort Pettah San Sebastian Kotahena Maradana Slave Island Kollupitiya Kollupitiya Hospitals (Town Residents) Hospitals (Unknown) Hospitals (Non-Residents) Recorrected for Deaths in F
	Total Bin	Males.	2,715					Согомво	Fort Pettah San Sebastis St. Paul's Kotahena New Bazaar Maradana Slave Island Kollupitiya Eastward Ei Wellawatta Hospitals (T Hospitals (N
	To	Persons.	5,193	10 41 413 413 889 889 481 964 495 420 166 187 187			,		leath-r
θЧ	at t	Population (inc) (yratility Mittery) (Y and to elibility of the Mittery)	227,026	3,631 8,245 11,939 25,576 41,936 23,068 45,219 22,732 25,895 11,286 7,499					eant the c
		Ward.	Town	Fort Pettah San Sebastian St. Paul's New Bazaar Maradana Slave Island Kollupitiya. Eastward Extension Wellawatta Extension Hospitals (Town Residents) Hospitals (Non-Residents) Hospitals (Non-Residents)					Fort Pettah San Sebastian St. Paul's Kotahena New Bazaar Maradana Slave Island Kollupitiya Slave Island Kollupitiya Eastward Extension Wellawatta Extension Wellawatta Extension Hospitals (Town Resident Hospitals (Unknown) Hospitals (Non-Residents Rospitals (Non-Residents)
			Согомво	Fort San Sebastian St. Paul's Kotahena New Bazaar Maradana Slave Island Kollupitiya Eastward Ext Wellawatta Ext Hospitals (Tor Hospitals (Unl					m, **

No. 13.—Principal Causes of I	Deaths, 1912, expressed as a	Percentage of Total Deaths in each Race.
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Cause of Death.	-					Burghers.				Tamils.		Moors.		Malays.		Others.
Phthisis Pneumonia Bronchitis	• •	13.8	• •	$2\cdot 7$	• •	$12 \cdot 3$		$12 \cdot 8$	• •	16.4	• •	11.9	••	$15.7 \\ 12.4 \\ 5.9$	•••	$12 \cdot 4 \\ 23 \cdot 3 \\ 4 \cdot 2$
All pulmonary	• •	$\overline{27 \cdot 9}$		5.4		$\phantom{00000000000000000000000000000000000$		$\overline{27\cdot 6}$		27.6		26.5		34.0		39.9
Diarrhœa and enter Dysentery	itis		• •		• •		••	$\frac{8\cdot7}{2\cdot4}$	• •		• •	8 · 3	• •	7·5 1·6	• •	5·2 7·8
All diarrhœal		13.6		8.1		9.9		11.1		20.5		12.7		9.1		13.0
Enteric fever Simple and ill-defin	 ned	3.2	• •	13.5		6.3	• •	4.1	• •	2.7	• •	2.6		1.1		4.6
fever	• •	0.4				_		0.5		0.2		0.3		0.6		
Remittent fever		0.0	• •			0.6		0.6		1.1		0.8		$3\cdot 2$		2 · 1
Intermittent fever	• •		• •	_	• •	-	• •		• •		• •				• •	_
All fevers	• •	4.8		13.5		6.9		5.2		4.0		3 · 7		4.9		6 · 7

No. 14.—Colombo and Ceylon Death-rates, 1902-1912.

					ate per	
Year.				Colombo.	pulation	Ceylon.
1902		• •		33.3		$27 \cdot 5$
1903		• •		$34 \cdot 4$		$25 \cdot 9$
1904		• •		$30 \cdot 2$		$24 \cdot 9$
1905		• •		$33 \cdot 9$		$27 \cdot 7$
1906				39.1		$34 \cdot 3$
1907		•		$31 \cdot 4$		30 · 1
1908				$35 \cdot 2$		$29 \cdot 4$
1909				$32 \cdot 0$	• •	31.0
1910				28.8		$27 \cdot 3$
1911		• •		33.8		
		Average, 1902-1911	• •	33.0		 ,
1912 Crud				$29 \cdot 2$		
1912 Corre	ected for n	on-residents		26.8		
1912 Corre	ected for age	and sex constitution		31.5		

No. 15.—Colombo Racial Death-rates (all Causes).

Death-rate per 1,000 Population.

Race.	Average, 1902–1911.	1912. Rate corrected for Deaths in Hospitals of Non-residents.	Increase or Increase or Decrease (Crude). (Corrected).
All Races	33.0	$\dots 29 \cdot 2 \dots 26 \cdot 8 \dots$	$3.8 \ldots -6.2$
Europeans Burghers Sinhalese Tamils Moors Malays Others	$\begin{array}{cccc} & 29 \cdot 4 \\ & 26 \cdot 5 \\ & 35 \cdot 8 \\ & 32 \cdot 2 \\ & 29 \cdot 4 \\ & 35 \cdot 5 \\ & 34 \cdot 0 \end{array}$	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	$\begin{array}{cccccccccccccccccccccccccccccccccccc$

No. 16—Death rate (Crue	de) of each R	ace per 1,000 Po	pulation, 1897 onwards.
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			- 000011 1	arc (C1	ado) o	i cacii iva	100	per 1,00	O T	opulation)II, 1	1001 011	Wall	10.		
Year.		\mathbf{A}	ll Races.	Europ	eans.	Burghers	5.	Sinhalese		Tamils.		Moors.		Malays.	•	Others.
1897			$34 \cdot 6$	32.								35.7		43.1		42.6
1898			33.6	. 31.			• •			$42 \cdot 5$		37.3		$41 \cdot 3$		$46 \cdot 2$
1899	• •		29.5	21.		0				31.3		29 · 9		30 · 6		19.9
1900			33.8	. 27.		0		$34 \cdot 2$		$37 \cdot 9$		$32 \cdot 9$		41.1		$24 \cdot 6$
1901		0.57	34.7	. 30.		$24 \cdot 9$		$34 \cdot 3$		40.0		33.0		$37 \cdot 2$		35.8
1902			$33 \cdot 3$	27.	1	$26 \cdot 1$		$33 \cdot 7$		37.4		31.3		31.6	01 0	32.6
1903	• •	• •	34.4	. 34.	1	$28 \cdot 0$		$37 \cdot 5$.34 · 1		30.4		$32 \cdot 1$		$35 \cdot 2$
1904			30.2	. 27	6	-		$32 \cdot 5$		26.3		29.1		$41 \cdot 2$		36.2
1905	• •		33.9	28.	0	26.5		$37 \cdot 4$		$32 \cdot 1$		30.8		33.6		38.8
1906	• •		39.1	36.	6	$29 \cdot 6$		47 0		41.0		30.9		35.5		$46 \cdot 4$
1907	• •		31.4	26.	4	$23 \cdot 1$		$32 \cdot 8$		31.8		$29 \cdot 3$		$37 \cdot 6$		36.3
1908	• •			36.	5	$30 \cdot 2$		40.9		$29 \cdot 5$		30.3		38.4		$39 \cdot 0$
1909	• •		$32 \cdot 0$	23.	8	$25 \cdot 1$		$35 \cdot 9$		$31 \cdot 9$		$27 \cdot 4$		$34 \cdot 2$		$27 \cdot 0$
1910	• •		$28 \cdot 8$	26.	2	$23 \cdot 5$		$29 \cdot 5$		$26 \cdot 2$		$25 \cdot 8$		$30 \cdot 3$		26.0
1911	• •		33.8	28		$27 \cdot 3$		$37 \cdot 1$		$33 \cdot 4$		29.2		40.1		$27 \cdot 3$
1912	• •		$29 \cdot 2$	20.	3	$23 \cdot 1$		32.0		28 · 1		25.8	٠.	$32 \cdot 7$		32.8
F 20	04 7															

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No. 17.—Colombo Ward Death-rates (all Causes).

		Deatl	h-ra	te per 1,000	P	opulation.				Increase in e Death rate
Ward		Average. 1902–1911.		1912. Crude Rate.	•	1912 corrected for Deaths in Hospitals or Non-resident	f	Increase or Decrease (Crude).	as th fo Wa	s a Result of the Correction or Deaths of and Residents on Hospitals.
Fort and Galle Face		11.5		$7 \cdot 2$		$9 \cdot 6$		 4·3		2.4
Pettah		$13 \cdot 0$		$9 \cdot 7$		$38 \cdot 1$		— 3·3		$28 \cdot 4$
San Sebastian		$23 \cdot 5$		$22 \cdot 0$		$23 \cdot 2$		— 1·5		$1\cdot 2$
St. Paul's		$25 \cdot 2$		$22 \cdot 0$		$25 \cdot 0$		$-3\cdot 2$		$3 \cdot 0$
Kotahena		26.0		$22 \cdot 6$		24.9		$-3 \cdot 4$		$2\cdot 3$
New Bazaar		$28 \cdot 3$		$28 \cdot 7$		$32 \cdot 5$		+ .4-		$3 \cdot 8$
Maradana		$25 \cdot 4$		$23 \cdot 1$		$27 \cdot 6$		$-2\cdot3$		$4\cdot 5$
Slave Island	٠.	$26 \cdot 6$		$23 \cdot 0$		$26 \cdot 2$		-3.6		$3 \cdot 2$
Kollupitiya		18.8		$13 \cdot 9$		$16 \cdot 9$		$-4 \cdot 9$		$3 \cdot 0$
Eastward Extension		17.6		$10 \cdot 7$		15.8		— 6 · 9		$5 \cdot 1$
Wellawatta Extension	1	<u> </u>		$17 \cdot 6$		$21 \cdot 1$		_		3.2
Colombo Town		33.0		29.2		26.8		- 3.8		— 2·4

No. 18.—Deaths of Males and Females at different Age Periods for each Race in the Colombo Municipality during the Year 1912.

Age at Death.		Europeans.	Descriptions	Durgners.		Sminarese.		Lamus.	i i	Moors.		Malays		Others.	All Baces	
	M.	F.	M.	F.	M.	F.	M.	F.	м.	F.	M.	F.	M.	F.	M.	F.
Under 1 year of age (see particulars of statement)	n]	. 1	44	40	459	363	138	119	162	136	31	26	17	17	852	702
Under Five Years— 1 year and under 2 2 years and under 3 3 years and under 4 4 years and under 5			25 5 6 3	19 8 5 2	120 69 36 21	117 68 49 37	42 27 17 10	42 20 9 6	$egin{array}{c} 42 \\ 23 \\ 10 \\ 2 \\ \end{array}$	34 32 9 15	8 3 2 —	6 2 4 3	$\begin{bmatrix} -3 \\ -1 \end{bmatrix}$		237 130 71 37	218 135 78 64
Over Five Years— 5 years and under 10 10 years and under 15 15 years and under 20 20 years and under 25 25 years and under 35 35 years and under 45 45 years and under 55 55 years and under 65 65 years and under 75 75 years and under 85 85 years and over	5 17 8 6 2 6 3	$\begin{bmatrix} -3 \\ -2 \\ 1 \end{bmatrix}$	2 8 9 7 16 16 13 10 8 8	9 4 5 7 14 6 13 11 13 4 3	60 40 60 101 155 170 152 135 76 62 42	60 36 63 76 166 124 89 83 51 62 50	18 29 62 105 189 143 78 67 32 19 18	20 9 20 40 90 58 36 31 14 26 18	20 16 16 19 49 39 28 41 24 34	17 14 21 32 51 29 23 17 13 26	6 1 2 2 9 9 8 3 4 5	4 2 9 6 6 3 3 1 2 6 8	2 2 12 26 36 27 13 9 1 5	1 2 5 3 8 -1 2 -2 -3	110 96 161 265 471 412 298 267 151 136 86	111 67 123 166 336 223 165 147 94 126 101
Total . Persons .	-	14	182		1758 3,2	ب	994	558 52	545	488 33	95		156	1	3780	ر

No. 19.—Causes of Deaths Registered in Colombo during the Year 1912.

	. 19							War										Nat	ional	ity.		
Causes of Deaths.	Colombo Town.	Fort and Galle Face.	Pettah.	San Sebastian.	St. Paul's.	Kotahena.	New Bazaar.	Maradana.	Slave Island.	Kollupitiya.	Eastward Extension.	Wellawatta Extension.	Town Residents.	Untraced.	Non-Residents.*	Europeans.	Burghers.	Sinhalese.	Tamils.	Moors.	Malays.	Others.
I.—General Diseases 1 Epidemic Diseases 2. Septic Diseases 3. Tuberculous Diseases 4. Venereal Diseases 5. Cancer or Malignant Diseases 6. Other General Diseases 1I.—Diseases of the Nervous System and Organs of Special Sense III.—Diseases of the Circulatory System IV.—Diseases of the Respira-	33 673 30 47 255 753		21 6 1 12 — 1 1 1 1 12 4	262 68 34 — 24 3 1 6	152 59 2 67 3 2 19	$ \begin{array}{c} 93 \\ 4 \\ 81 \\ - \\ 2 \\ 115 \\ 56 \\ 19 \end{array} $	188 63 5 77 2 3 38 102	6 112 3 11 29 186 20	106 34 — 53 4 3 12 107 6		-	132 24 10 1 10 1 2 -	326 143 9 143 6 9 16 21	41 3 33 8 9 7 17	542 200 72 11 79 10 14 14 13 18	9 6 -1 1 1 1 5	115 50 4 42 1 5 13	15 325 20 25 120 364 56	370 159 6 141 2 6 56	278 91 6 109 5 10 57	50 13 1 30 1 5 29	193 59 29 1 25 1 - 3 . 14 3 58
tory System V.—Diseases of the Digestive System VI.—Non-venereal Diseases of the Genito-Urinary System and Annexa VII.—The Puerperal State VIII.—Diseases of the Skin and of the Cellular Tissue IX.—Diseases of the Bones and of the Organs of Locomotion V.—Malformations XI.—Diseases of Early In fancy XII.—Old Age XIII.—Affections produced by External Causes 1. Suicide 2. Homicide 3. Judicial Hanging or Execution 4. Accident and othe External Violence	968 171 104 49 49 420 298 137 137 149 149 149 149 149 149 149 149		7 1 1 2 4 1 1 1 1	23 9 3 1 —	35 30 1 —	114 18 12 2 ———————————————————————————————	56 14 - 56 35 35	193 20 12 4 ——————————————————————————————————	65 1 1 - 48 30 9 2	$egin{array}{c} 46 \\ \cdot \\ 9 \\ 7 \\ 3 \\ \hline \\ - \\ - \\ - \\ - \\ \end{array}$		29 2 4 1 1 1 13 7 6 1 2 1 —	242 46 20 25 — 3 11 3 9 2 36 14 — 2 31	100 10 6 9 60 9 28 1 2 25	$ \begin{array}{c c} & 128 \\ & 42 \\ & 5 \\ & 15 \\ & & & & & \\ $	5 -2 -1 -2 -2 -1 -1	40 2 4 2 1 1 2 1 1	455 777 411 19 	296 50 21 17 —————————————————————————————————	133 30 31 10 — 78 62 62 63 1 —	22 -3 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1	17 5 4 - 10 5 - 10 9 - 9
I.—GENERAL DISEASES. Epidemic Diseases. 1.—Enteric Fever 2.—Typhus Fever 3.—Relapsing Fever 4. {(a) Malaria 4. {(b) Malaria Cachexia	329 . 218							38 30 111 11 11 11 11 11 11 11 11 11 11 11 11							31 -4 -3 -1 -1 -3 -1 -1 -1 -1 -27 -2 -2			1 114 — 2 18				9 -4

^{*} Figures under this heading are not included in the total for Colombo Town.

								Wε	ırd.									Na	tiona	lity.		
		ce.									on.		Н	- ospita	als.	-						
	Colembo Town.	Fort and Galle Face.	Pettah.	San Sebastian.	St. Paul's,	Kotahena.	New Bazaar.	Maradana.	Slave Island.	Kollupitiya.	Eastward Extension	Wellawatta Extension.	Town Residents.	Untraced.	Non-Residents.*	Europeans.	Burghers.	Sinhalese.	Tamils.	Moors.	Malays.	Others.
21.—Glanders	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1 - 1 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	tilde tild	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$			52 ————————————————————————————————————		9	W W	$egin{array}{cccccccccccccccccccccccccccccccccccc$	- 1 3 - 1 - 1 - 3 - 1 - 3 - 1 - 3 - 3 -	$egin{array}{cccccccccccccccccccccccccccccccccccc$			$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	- 30 - 133 1 - 3 2 - 1 - 3 - 3 - 3 1 - 3 - 3 - 1 - 3 - 3			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
54. \((a) Anæmia \\ (b) Chlorosis \\ (a) Diabetes Insipidus \\ (b) Purpura \\ (c) Hæmophilia \\ (d) Other General Diseases \\ 56.—Alcoholism (acute or chronic) \\ 57.—Chronic Lead Poisoning \\ (occupational) \\ (occupational) \\ (non-occupational) \\ (non-occupational) \\ (occupational) \\ (occupat		1																		3		
				41.1.	11	i			landos	1: 4	1	tal fo	- Cal	l l .	a (Dam							

								Wa					_					Na	tional	lity.		
		Face.						1			ion.		Ho	spita	ls.					}		
Causes of Deaths.	Colombo Town.	Fort and Galle Fa	Pettah.	San Sebastian.	St. Paul's.	Kotahena.	New Bazaar.	Maradana.	Slave Island.	Kollupitiya.	Eastward Extension	Wellawatta Extension.	Town Residents.	Untraced.	Non-Residents.*	Europeans.	Burghers.	Sinhalese.	Tamils.	Moors.	Malays.	Others.
I.—Diseases of the Nervous System and of the Organs of Special Sense.																						
60.—Encephalitis (a) Simple Meningitis (b) Cerebro-Spinal Fever (c) Septic Meningitis from various causes	$\begin{array}{c} 2\\35\\1\\2\end{array}$							5 1		1 2 			1 5 —	4 	_ _ _ _			$\begin{array}{c} 2\\15\\-\\1\end{array}$		— 5 1		_2
62.—Locomotor Ataxia 63 —Other Diseases of the Spinal Cord 64.—Cerebral Hæmorrhage, Apoplexy	7	_ _ _ 1	1 1	 5	.—		1	1 11	_ _ 4	— — 5	— —	- - 1			— 2 2	— — 1	1 8				_ _ _	- -
65.—Softening of the Brain 66.—Paralysis without specified cause 67.—General Paralysis of the Insane	65	_	3	1	14	14	7	11	4	2	_	3			3	1	.— 4	34	10	13 —	1	2
68.—Other forms of mental alienation 69.—Epilepsy 70.—Convulsions (non-puerperal)	1 17 87	_	_ _ _ 3	_ _ _ 		3 11 19				1 6 9 48	_ _ _ 19	1 1 1 14	$-rac{1}{1}$	$\begin{bmatrix} -2 \\ -2 \end{bmatrix}$	_ 1	_ _ _	$-rac{1}{7}$	$-7 \\ 44 \\ 234$	 6 20 85	$-1 \\ 12 \\ 106$		_ _ _ 1
71.—Convulsions of Infants 72.—Chorea 73.—Neuralgia and Neuritis 74.—Other . Diseases of the Nervous System 75.—Diseases of the Eye and	$\begin{vmatrix} -4 \\ 9 \end{vmatrix}$				1	_		1	— 1	1			3	_	1					$-\frac{1}{1}$		- - -
their Annexa 76. { (a) Mastoid Disease (b) Other Diseases of the Ears III.—Diseases of Circulatory		=	Ξ	=	_	 	-	 1		=		=		_	_	<u>-</u>	 			_	_	=
System. 77.—Pericarditis	2	_	_	_	_	_	_		_	1	_	_	t		_	_	_	1	1	_		_
$78.$ $\begin{cases} (a) & \text{Simple Acute Endo} \\ & \text{carditis} \\ (b) & \text{Infective Endocarditis} \\ (a) & \text{Myocarditis} \\ (b) & \text{Valvular Disease} \end{cases}$					1 		- - 1		_ _ _ 1	_ _ _ 1			_ _ _ 5		_ _ _ 2		_	_ _ _ 5	$-\frac{1}{3}$		_ _ _ 1	=
(c) Other Organic Diseases of the Heart 80.—Angina Pectoris (a) Aneurism	60		$\begin{vmatrix} -3 \\ - \end{vmatrix}$	5 1 —	6	12 —	8 1	_9	3 	4 			$-\frac{6}{1}$	2 	6	$igg _{-}^{2}$		30 1	14 —	7 2 —	=	_1
$\{(b) \text{ Atheroma, Arterioscler} \\ \text{osis} \\ \{(c) \text{ Other Diseases of the Arteries} \\ \{(a) \text{ Cerebral Embolism and } \}$			 -		_		 -	_	_	_	 -	1 -	_	_	1 —	_ _		3 —	_		_	_ _
$82. \begin{cases} (b) & \text{Thrombosis} \\ (b) & \text{Embolism and Throm} \\ & \text{bosis} & \text{other than} \\ & & \text{Cerebral} \end{cases}$. 4		_		1		_	3	_						2	1				3		
(a) Phlebitis (b) Varicose Veins (c) Hæmorrhoids (d) Other Diseases of the Veins				= 1					_ _ _ _						_ _ _ _			5		_ _ _ 1		
(a) Lymphatism, Status Lymphaticus (b) Elephantiasis Arabum (Filariasis) (c) Other Diseases of the		— —		<u> </u>	_	 - 	_	_	_ _	_		-	_	_	_	_ _	<u> </u>	_ 1	- -	_ _	_ _	_
Lymphatic System (a) Hæmorrhage from any part (b) Other Diseases of the Circulatory System		3 —	1	1	2	1 —	1	4		-	_ _		1 3 2		1	1	1 -	3	5	4	_	_
IV .—DISEASES OF THE RESPIRA TORY SYSTEM.							4		1				2	3	4		1	в	1	2	1	1
83.—Diseases of the Nose (a) Laryngismus Stridulu (b) All forms of Laryngiti (Diphtheritic ex	S	=	=		_		_	_	_		_				_1	_	=	=	-	_	_	=
cepted) . (c) Other Diseases of the Larynx .		2 -	-			1 —				2	_	_	—	-	_	_		1	1 —	1	_	_

						2505), D(Wa	rd.	.—	rece.				-			Na	tiona	lity.		_
Causes of Deaths.	Colombo Town.	Fort and Galle Face.	Pettah.	San Sebastian.	St. Paul's.	Kotahena.	New Bazaar.	Maradana.	Slave Island.	Kollupitiya.	Eastward Extension.	Wellawatta Extension.	Town Residents. H	Untraced.	Non-Residents.*	Europeans.	Burghers.	Sinhalose.	Tamils.	Moors.	Malays.	Others,
88.—Diseases of the Thyroid Body 89.—Acute Bronchitis 90. {(a) Chronic Bronchitis 91.—Broncho-Pneumonia 92.—Pneumonia 93. } (a) Empyema 93. } (b) Other Pleurisy 94.—Pulmonary Congestion, Pulmonary Apoplexy 95.—Gangrene of the Lungs 96.—Asthma 97.—Pulmonary Emphysema 98.—Other Diseases of the Respiratory System (Tuberculosis excepted)	2 171 50 — 395 444 4 8 5 3 26 —		-1	-8 22 24 2 1 		1 37 18 — 109 49 — 1 — 4 —	-37 2 -43 53 -1 - -	$\frac{-}{96}$	$-\frac{5}{25}$	— 11				1 3 — 11 29 2 — 1 — 1 —			$\begin{bmatrix} -10 \\ 5 \\ -26 \\ 15 \\ - \\ - \\ - \\ 2 \end{bmatrix}$	$egin{array}{c} 1 \\ 83 \\ 25 \\ \hline -1 \\ 215 \\ 146 \\ 1 \\ 2 \\ 1 \\ 12 \\ \hline -1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 $	_	-34 11 -60 62 3 - 1	-7 4 -11 12	-7 1 -8 37 1 1 - 3
V.—DISEASES OF THE DIGESTIVE SYSTEM. (a) Diseases of the Teeth and Gums (Oral Sepsis) (b) Thrush, Stomatitis (c) Parotitis (Septic) (d) Other Diseases of the Mouth and Annexa (a) Tonsillitis (other than Diphtheritic) (b) Quinsy (c) Other Diseases of the Pharynx 101.—Diseases of the Esophagus 102.—Gastric Ulcer (a) Gastritis, Gastric Catarrh (b) Other Diseases of the Stomach (Cancer excepted) (a) Epidemic Diarrhœa (b) Diarrhœa Infantile, Diarrhœa due to food (c) Diarrhœa undefined (d) Enteritis (e) Gastro-enteritis (f) Colic (g) Intestinal Ulceration, Colitis (h) Duodenal Ulcer (g) Intestinal Parasites 108.—Appendicitis and Typhlitis 109. (a) Hernia (b) Intestinal Obstruction (a) Psilosis (Sprue, or 10. (a) Psilosis (Sprue, or 110. (b) Other Diseases of the Intestine 111.—Acute Yellow Atrophy of the Liver (a) Cirrhosis of the Liver (b) Cirrhosis of the Liver (ca) Cirrhosis of the Liver (ca) Cirrhosis of the Liver 113. (b) Cirrhosis of the Liver (ca) Cirrhosis of the Liver 114.—Gallstone 115.—Other Diseases of the Digestive System (Cancer and Tuberculosis excepted)	- 15 - 1 - 1 - 1 - 2 12 - 4 27 87 444 23 - 7 - 46 163 3 11 13 3 4 5 41 1 6 1 27 22				$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$		-2					$ \begin{array}{cccccccccccccccccccccccccccccccccccc$		1 — — — — — — — — — — — — — — — — — — —		-1		$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$		
VI.—Non-Venereal Diseases of the Genito-Urinary System and Annexa. 119.—Acute Nephritis 120.—Bright's Disease	111 32	_		9	21 2	11	22	12	_1	2 3	1	1 2	24 10	8	18 7	-	2 2	45 19	37 6	23 -		4

^{*} Figures under this heading are not included in the total for Colombo Town.

	Causes of Deaths, &c.—contd. Ward. Ward. Hospitals. ** ** ** ** ** ** ** ** **														i		Nat	ional	litar			
		0									n.	j	H	ospita	ıls.			Lial				
Causes of Deaths.	Colombo Town.	Fort and Galle Face.	Pettah.	San Sebastian.	St. Paul's.	Kotahena.	New Bazaar.	Maradana.	Slave Island.	Kollupitiya.	Eastward Extension	Wellawatta Extension.	nts.	Untraced.	Non-Residents.*	Europeans.	Burghers.	Sinhalese.	Tamils.	Moors.	Malays.	Others.
121.—Chyluria 122.—Other Diseases of the Kidneys and Annexa 123.—Urinary Calculi 124.—Diseases of the Bladder 125.—Diseases of the Urethra, Urinary Abscess, &c 126.—Diseases of the Prostate 127.—Diseases of the Male Genital Organs (nonvenereal) 128.—Uterine Hæmerrhage (nonpuerperal) 129.—Uterine Tumour (noncancerous) 130.—Other Diseases of the Uterus 131.—Cysts and other Tumours of the Ovary 132.—Salpingitis and other Diseases of the Female Genital Organs 133.—Non-puerperal Diseases of the Breast (Cancer excepted) VII.—The Puerperal State. (a) Abortion, Miscarriage (b) Ante-partum Hæmorrhage (c) Ectopic Gestation	1 - 3 -									- 2 - 1 -			3 2 2 1 1 1 1 1 — — — — — — — — — — — — —	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	- 9 - 2 1 1 1 - 3 1 - 1 - 1 - 1			$\begin{bmatrix} - & & & & & & & & & & & & & & & & & & $	1		.	
(d) Other Accidents of Pregnancy 135.—Puerperal Hæmorrhage 136.—Other Accidents of Childbirth 137.—Puerperal Septicæmia (a) Puerperal Albuminuria, Nephritis, &c. (b) Puerperal Eclampsia (a) Puerperal Phlegmasia, Alba Dolens	1 3 20 47 2 12	=	_ _ _ _		1 7 —	$\begin{bmatrix} -1 \\ 2 \\ 6 \\ -2 \\ - \end{bmatrix}$	- 1 - 9 1 1			3 1 - 2	_ _ _ _ _		$\begin{bmatrix} -1 \\ 6 \\ 10 \end{bmatrix}$		_ 1 		1 2		$\begin{bmatrix} - \\ - \\ 12 \\ - \\ 4 \\ - \end{bmatrix}$	1 2 6 10 - 3		_ - - 3 - - -
139.\((b) Puerperal Embolism, Sudden Death, &c (a) Puerperal Insanity (b) Consequences of Childbirth (not otherwise defined) 141.—Puerperal Diseases of the Breast VIII.—DISEASES OF THE	13	 		_ _ _		_ _ 1	1 1	1	8		_ _ _	_			2	-	11 1 1		3	7	-	
SKIN AND OF THE CELLULAR TISSUE. 142.—Gangrene (a) Carbunele (b) Furuncle (Boil) (a) Phlegmon (b) Acute Abscess, Abscess unqualified (a) Ulcer, Bedsore (b) Eczema (c) Pemphigus (c) Pemphigus (d) Other Diseases of the Integumentary System(Elephantiasis Arabum excepted). IX.—DISEASES OF THE BONES AND OF THE ORGANS OF LOCOMOTION. 146.—Diseases of the Bones (Tuberculosis and Mastoid Disease excepted) 147.—Diseases of the Joints (Tuberculosis and Rheumatism excepted)	28 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8					- - - - 1					= = = - -		11	5	6 1 4 1	1	1 - 1 - -	6 1 2 -2 7	9	2 1 - - 3 - 1		

								Wa	rd.									Na	tional	ity.		
		Face.									sion.		<u> </u>	ospita								
Causes of Deaths.	Colombo Town.	Fort and Galle F	Pettah.	San Sebastian.	St. Paul's.	Kotahena.	New Bazaar.	Maradana.	Slave Island.	Kollupitiya.	Eastward Extension	Wellawatta Extension.	Town Residents.	Untraced.	Non-Residents.*	Europeans.	Burghers.	Sinhalese.	Tamils.	Moors.	Malays.	Others.
148.—Amputations		_ 		_		_	_	_	_		_		_	_		<u>-</u>	_			_	_	_
X.—Malformations. (a) Congenital Hydrocephalus (b) Congenital Diseases of the Heart (c) Other Congenital Malformations (Stillbirths excluded)	3	_ _			_ _ _			 	_	_	_ _ _				_		 1			_		_ _ _
NI.—DISEASES OF EARLY INFANCY. (a) Premature Birth (b) Debility (c) Want of Breast Milk (d) Atrophy, Icterus, Sclerema Neonatorum (a) Atelectasis (b) Injuries at Birth (c) Other Diseases peculiar to early Infancy 153.—Lack of care	231				1 33 1 — — —	28 44 6 — 5 — 1	_	26 18 9 — — — 1	111 26 8 — 1 — 1	8 10 5 — 2 1	3 5 3 — — —	$\begin{bmatrix} 1 & 6 & 3 & \\ & 3 & & \\ - & & 1 & \\ & 2 & & \end{bmatrix}$	-8 -3 	48 7 — 1 — 3 1	1 		7 9 2 1 1 2	98 90 17 — 1 — 3 1	17 60 7 — 3 1	6 59 9 — 3 — 1	4 8 1 — 1 —	3 5 2 — — —
XII.—OLD AGE. 154.—Senility	298	1	. 1	9	30	56	35	86	30	19	7	6	9	9	5	2	15	149	52	62	13	5
XIII.—Affections produced by External Causes.		-																				
155.—Suicide by Poison 156.—Suicide by Asphyxia 157.—Suicide by Hanging or Strangulation 158.—Suicide by Drowning 159.—Suicide by Firearms 160.—Suicide by Cutting or Piercing Instruments 161.—Suicide by Jumping from		1 1 1 1 1		 _1 		1 1 		 						_1 _ _ _ _					1 2 	 		
high places 162.—Suicide by Crushing 163.—Suicide by other means 164.—Poisoning by Food (a) Snake-bite (b) Insect Stings (Venomous)	4 4										- - 1 -											
(c) Other Acute Poisonings 166—Conflagration 167.—Burns (Conflagration excepted) 168.—Absorption of Deleterious	2 6 6	_	_	_		_		1		_ _	_	_	5	1 3	1 4	_	_	2 3 2	3	_	_	<u> </u>
Gases (Conflagration excepted) 169.—Accidental Drowning 170.—Traumatism by Firearms 171.—Traumatism by Cutting or Piercing Instruments (a) Traumatism by Fall from trees		5 					1 	- 2 1 -	2 2 1			- - - -			3	1 		7 1	2 5 1			2
(b) Traumatism by Fall from heights other than trees (c) Traumatism by other Accidental Fall 173.—Traumatism in Mines and Quarries	2	1	_					1 .			_	.	1	5	2	_	_	_	2			_ 2 _
174.—Traumatism by Machines 175.—Traumatism by Other Crushing (Vehicles, Rail- road, Landslides, &c.)	15		1			1	1	5		2	1		2	2	3	-	2	8	3	2 -		

^{*} Figures under this heading are not included in the total for Colombo Town.

								Wa	ard.									Na	tiona	lity.		
,		Face.									ion.		H	ospita	als.							
Causes of Deaths.	Colombo Town.	Fort and Galle Fa	Pettah.	San Sebastian.	St. Paul's.	Kotahena.	New Bazaar.	Maradana.	Slave Island.	Kollupitiya.	Eastward Extension	Wellawatta Extension.	Town Residents.	Untraced.	Non-Residents.*	Europeans.	Burghers.	Sinhalese.	Tamils.	Moors.	Malays.	Others.
176.—Injuries by Animals 177.—Starvation 178.—Excessive Cold 179 —Effects of Heat 180.—Lightning 181.—Electricity (Lightning excepted) 182.—Homicide by Firearms 183.—Homicide by Cutting or Piercing Instruments 184.—Homicide by other means 185.—Fractures (causes not specified) (a) Judicial Hanging or Execution (b) Other External Violence	1	1 1 1											16 - 1 1 2 - - 1		-3 1 2		- - - - - - - -					
XIV.—ILL-DEFINED DISEASES. (a) Dropsy (b) Ascites (c) Other Ill-defined Organic Disease (a) Syncope (b) Sudden Death (not otherwise defined) (a) Heart-failure (b) Atrophy, Debility, &c., one year and over (c) Teething (d) Pyrexia (e) Marasmus and Asthenia (f) Other Ill-defined Causes (g) Diseases not specified	31 1 - 3 - 13 157 - 22 93 3			$\begin{bmatrix} 3 \\ - \\ - \\ 1 \end{bmatrix}$	1 	$egin{array}{c} 2 \\ 1 \\ - \\ 1 \\ - \\ 2 \\ 48 \\ - \\ 1 \\ 3 \\ 1 \\ 3 \\ 1 \\ 3 \\ \end{array}$	-4 1 18 	6 - - 2 11 - 1 16 1	. 9 1 4 5 23 1	3 - - - 1 8 - 7 5	1 					_1 	1 	10 1 2 5 86 15 45 2 3	$egin{array}{c} 4 \\ - \\ 1 \\ - \\ 2 \\ 42 \\ - \\ 3 \\ 20 \\ 1 \\ 1 \\ 1 \\ \end{array}$	10 - - - 2 17 - 3 17 - 1	4 	-\frac{1}{-} -\frac{3}{-} -\frac{3}{-} -\frac{2}{1}

^{*} Figures under this heading are not included in the total for Colombo Town.

Causes of Deaths of Town Residents Registered in Colombo Hospitals during the Year 1912.

Causes of 1							-	Vard	-						Ū			Nat	tional	ity.		
]								on.		Ho	spita	ls.							
Causes of Deaths	Colombo Town.	Fort and Galle Face.	Pettah.	San Sebastian.	St. Paul's.	Kotahena.	New Bazaar.	Maradana.	Slave Island.	Kollupitiya.	Eastward Extension	Wellawatta Extension.	Town Residents.	Untraced.	Non-Residents.*	Europeans.	Burghers.	Sinhalese.	Tamils.	Moors.	Malays.	Others.
All Causes	952		234	15		94	87	203	72	78	57		_	_	_	6	42	430	373	57	1	43
I.—General Diseases 1. Epidemic Diseases 2. Septic Diseases 3. Tuberculous Dis-	9	2	50 24 —	7 3	23 9 —	35 7 3	44 19 1	$\begin{array}{c} 80 \\ 41 \\ 2 \end{array}$	24 9 —	26 14 2	22 10 1	11 5	_ _ _			2 2 	$\begin{array}{c} 23 \\ 14 \\ 2 \end{array}$	170 60 6		20 6		$^{21}_{13}$
eases 4. Venereal Diseases 5. Cancer or Malig-	143			4		22 1	20 —	28	11	. —	8 1	5	_	_			4	85 5		12 1		- ⁷
nant Diseases 6. Other General Diseases	16		3	_	2	2	2	2	2	1	1	1					2	6	6	1		1
System and Organs of Special Sense 111.—Diseases of the Circulatory System IV.—Diseases of the Respiratory	21 19		3 2	1.	1	1 3	2 1	7 3	3	3	1	1	_	_ _	_	— —	3	12	4	1	_ _	1
tory System V.—Diseases of the Digestive System VINon-venereal Diseases	$\begin{vmatrix} 138 \\ 242 \end{vmatrix}$		34 86	4 2					16 19			}		_	_	2	3		1	6 12	1	16 2
of the Genito-Urinary System and Annexa VII.—The Puerperal State VIII.—Diseases of the Skin and	46 20	-	14 —	=	4 2	4	3		2		1	-1	_	_	_	$-\frac{2}{}$	$egin{pmatrix} 1 \\ 1 \\ 2 \end{bmatrix}$		21 3		=	1
of the Cellular Tissue. IX.—Diseases of the Bones and of the Organs of Loco motion.	1	_	10	_		ig $-$	1	3	1					_		_		_	_	_	_	_
X.—Malformations XI.—Diseases of Early Infancy XII.—Old Age XIII.—Affections produced by	. 9	<u> </u>	3	=	1		$\begin{vmatrix} -2 \\ 1 \end{vmatrix}$	5 2										$\begin{bmatrix} -11\\ 6\\ 14 \end{bmatrix}$	1	2	=	
External Causes 1. Suicide 2. Homicide 3. Judicial Hangin	36 . 1 . 4	—	$\begin{vmatrix} 14\\-1 \end{vmatrix}$	=	$\begin{bmatrix} -2 \\ - \end{bmatrix}$	$-\frac{5}{2}$	_	-	_ _ _									1 4			_	
or Execution . 4. Accident and othe External Vio lence . XIV.—Ill-defined Diseases .	31		13 18		25	3 5	2 5	4	1	46	2			_	=	=	-	9 28	$\begin{array}{c} 21 \\ 25 \end{array}$	4	=	1
I.—GENERAL DISEASES.		<u></u>																				
1.—Enteric Fever 2.—Typhus Fever 3.—Relapsing Fever 4. (a) Malaria			5 — 5			$-\frac{3}{1}$	11 - 2		_	= 9 = 1	- - 2							$\begin{bmatrix} 33 \\ - \\ - \\ 4 \\ 1 \end{bmatrix}$	_	-4 		
4. (b) Malarial Cachexia . 5.—Small- (a) Vaccinated . (b) Not Vaccinated pox (c) Doubtful . 6.—Measles										=		— 		-	=	_ _ _	-					
7.—Scarlet Fever 8.—Whooping Cough ((a) Diphtheria					Ξ		=	1	_	1		1 					$\begin{bmatrix} - \\ - \\ 2 \end{bmatrix}$					
gitis (c) Croup Influenza								=														
11.—Miliary Fever 12.—Asiatic Cholera 13.—Cholera Nostras (a) Amebic Dysentery (b) Bacillary Dysentery (c) Dysentery (type no	. — y] y]				_ _ _ _											_ _ _					_	
distinguished) 15.—Plaguo 16.—Yellow Fever	$\begin{vmatrix} 48 \\ - \end{vmatrix}$		14 —	1 			5 			3 								16 - -	_			6 —
$\begin{array}{c c} 17.\text{Leprosy} & \cdot \\ 18.\text{Erysipelas} & \cdot \\ & (a) \text{ Mumps} \\ & (b) \text{ Varicella} & (\text{Chicken}) \\ 19.4 & \text{pox}) & \cdot \\ \end{array}$				_ _			_		1 	_ _		_				_	_ _	$\begin{bmatrix} -3 \\ \dot{-} \end{bmatrix}$	_		_	
(c) Other Epidemic Dis	$\cdot \mid - \cdot \mid$			Ξ	_			$\left \begin{array}{c} - \\ - \\ 2 \end{array} \right $	<u>-</u>	$-\frac{1}{2}$	_ _1		_	_			$\left \begin{array}{c} - \\ - \\ 2 \end{array} \right $	_ 1 5				
20. (b) Septicemia (c) Vaccinia	1				-	3 -					e tot	_		— ombo		n.				_	_	Ξ.

							Wa	rd.						1			Nat	ional	ity.		
	Face.		1					1		on.		Ho	spita	ls.			_				
Causes of Deaths.	Galle	Pettah.	San Sebastian.	St. Paul's.	Kotahena.	New Bazaar.	Maradana.	Slave Island.	Kollupitiya.	Eastward Extension.	Wellawatta Extension.	Town Residents.	Untraced.	Non-Residents.*	Europeans.	Burghers.	Sinhalese.	Tamils.	Moors.	Malays.	Others.
25.—Mycoses – 26.—Pellagra – 27.—Beri-Beri – (a) Acute Pulmonary	1	—	4																		

								W	ard.							1		Na	tiona	lity.		
		Face.									on.	1	H	ospita	als.							
Causes of Deaths.	Colombo Town.	Fort and Galle Fa	Pettah.	San Sebastian.	St. Paul's.	Kotahena.	New Bazaar.	Maradana.	Slave Island.	Kollupitiya.	Eastward Extension.	Wellawatta Extension.	Town Residents.	Untraced.	Non-Residents.*	Europeans.	Burghers.	Sinhalese.	Tamils.	Moors,	Malays.	Others.
58.—Other Chronic Poison- ings (occupational) 59.—Other Chronic Poison- ings (non-occu- pational)	_	_	_	_	_	_	_	_	_	_	_		_		_	_	-	_		_		
System and of the Nervous System and of the Organs of Special Sense. 60.—Encephalitis (a) Simple Meningitis (b) Cerebro - Spinal 61. Fever (c) Septic Meningitis from various causes 62.—Locomotor Ataxia 63.—Other D.scases of the Spinal Cord 64.—Cerebral Hæmorrhage, Apoplexy 65.—Softening of the Brain 66.—Paralysis without specified cause 67.—General Paralysis of	2 4 —			_ _ _ _ _ _			- ₁ - - - - - - - - -											1 2 — — — — — — — — — — — — — — — — — —		- ₁ 1 - 1 - 1 - 1 - 1 - 1		
the Insane 68.—Other forms of Mental Alienation 69.—Epilepsy 70.—Convulsions (non-puerperal) 71.—Convulsions of Infants 72.—Chorea 73.—Neuralgia and Neuritis 74.—Other Diseases of the Nervous System Nervous System 75.—Diseases of the Eyes and their Annexa (a) Mastoid Disease (b) Other Diseases of the Ear	1 1 2 - 3																					
III.—DISEASES OF THE CIRCULATORY SYSTEM. 77.—Pericarditis (a) Simple Acute Endocarditis (b) Infective Endocarditis (a) Myocarditis (b) Valvular Disease (c) Other Organic Diseases of the Heart 80.—Angina Pectoris	5	_ _ _ _ _						 - - - - - -	_ _ _ _ _ _	1 - - - -							_ _ _ _					_ _ _ _ _
(a) Ancurism (b) Atheroma Arteriosclerosis (c) Other Diseases of the Arteries (a) Cerebral Embolism and Thrombosis (b) Embolism and Thrombosis other than Cerebral (a) Phlebitis (b) Varicose Vcins (c) Ancurism (c) Other Diseases (d) Cerebral Embolism (e) Embolism (f) Embolism (f) Cerebral (f) Phlebitis (f) Cerebral (f) Phlebitis (f) Cerebral									- - -									_ I				
83. (c) Hæmorrhoids (d) Other Diseases of the Veins (a) Lymphatism, Status Lymphaticus (b) Elephantiasis Arabum (Filariasis) (c) Other Diseases of the Lymphatic System	_ _ _ _	_ _ _ _ _								—			 		— — —	 			 - - -			

^{*} Figures under this heading are not included in the total for Colombo Town.

							n De	Wa										Nat	ional	ity.		
		Face.						}			ion.		Ho	spita	ls.					,		
Causes of Deaths.	Colombo Town.	Fort and Galle Fa	Pettah.	San Sebastian.	St. Paul's.	Kotahena.	New Bazaar.	Maradana.	Slave Island.	Kollupitiya.	Eastward Extension.	Wellawatta Extension.	Town Residents.	Untraced.	Non-Residents.*	Europeans.	Burghers.	Sinhalese.	Tamils.	Moors.	Malays.	Others.
$85. \begin{cases} (a) \text{ Hemorrhage from any part} \\ (b) \text{ Other Diseases of the Circulatory System} \\ \end{cases}$	3	1 —	_	<u> </u>		_ 	1	1	_	_	1					_ _		2	_	1	. _	_ -
IV.—DISEASES OF THE RESPIRATORY SYSTEM. 86.—Diseases of the Nose (a) Laryngismus Stridulus (b) All forms of Laryngitis (Diphtheritic excepted) (c) Other Diseases of the Larynx		_ _ _	_	— — —			_	_			_		_	_				_	_	_		
88.—Diseases of the Thyroid Body 89.—Acute Bronchitis 90. \{(a)\) Chronic Bronchitis 91.—Broncho-Pneumonia 92.—Pneumonia 93. \{(a)\) Empyema 94.—Pulmonary Congestion,	-53 -21 100 2 2	_	$\begin{bmatrix} - \\ 2 \\ - \\ 30 \\ 1 \end{bmatrix}$			$\begin{bmatrix} - \\ 2 \\ - \\ 1 \\ 9 \\ 1 \\ - \end{bmatrix}$		$\begin{bmatrix} - \\ - \\ 2 \\ - \\ 16 \\ - \\ 1 \end{bmatrix}$		- - - - - 8 - -						. 1		$\begin{bmatrix} - \\ 3 \\ 2 \\ - \\ 14 \\ 30 \\ - \\ - \end{bmatrix}$	$-2 \\ -2 \\ 50 \\ 2 \\ 2$			
Pulmonary Apoplexy 95.—Gangrene of the Lungs 96.—Asthma 97.—Pulmonary Emphysema 98.—Other Diseases of the Respiratory System (Tuberculosis excepted)			- - -			- 1 1 -		- - -			— — —				_	1111			- 1 - -			
V.—DISEASES OF THE DIGESTIVE SYSTEM. (a) Diseases of the Teeth and Gums (Oral Sepsis) (b) Thrush, Stomatitis (c) Parotitis (Septic) (d) Other Diseases of the Mouth and Annexa	 _1 				_		_				=	_			111	- - -			_			111
(a) Tonsilitis (other than Diphtheritic) (b) Quinsy (c) Other Diseases of the Pharynx 101.—Diseases of the Esophagus 102.—Gastric Ulcer (a) Gastritis, Gastric								_ _ _ _ _ _ 2			_ _ _ _								_ _ _ _ _			= = = =
Catarrh (b) Other Diseases of the Stomach (Cancer excepted) (a) Epidemic Diarrhœa (b) Diarrhœa Infantile, Diarrhœa due to food (c) Diarrhœa undefined & (d) Enteritis				- - - 1														_ _ _ 6 42				_ _ _
105 (e) Gastro-enteritis (f) Colic (g) Intestinal Ulceration, Colitis (h) Duodenal Ulcer 106.—Anchylostomiasis 107.—Intestinal Parasites 108.—Appendicitis and Typhlitis	$ \begin{array}{c} 130 \\ 12 \\ - \end{array} $ $ \begin{array}{c} 2 \\ - \end{array} $ $ \begin{array}{c} 30 \\ 4 \\ \end{array} $	_1 _	1 - 8 -		- - - 1 - -	- - - - 3 - -		- - - 5 1	-1 -1 -4 1		- - - - 1 -	- - - - -				_1 	_ _ _ _ 1	1 - 12 4	1 - 1 - 16			_1 _1
$109. \begin{cases} (a) \text{ Hernia} \\ (b) \text{ Intestinal Obstruction} \end{cases}$	3		-	_	1	_	1	-	_	1				-	-	-	_	3			_	

^{*} Figures under this heading are not included in the total for Colombo Town.

			•			uses		Wa										Nat	ional	ity.		
		Face.									ion.		H	ospita	ils.							
Causes of Deaths.	Colombo Town.	Fort and Galle F	Pettah.	San Sebastian.	St. Paul's.	Kotahena.	New Bazaar.	Maradana.	Slave Island.	Kollupitiya.	Eastward Extension.	Wellawatta Extension.	Town Residents.	Untraced.	Non-Residents.*	Europeans.	Burghers.	Sinhalese.	Tamils.	Moors.	Malays.	Others.
(a) Psilosis (Sprue, or Ceylon Soremouth) (b) Other Discases of the Intestine 111.—Acute Yellow Atrophy of the Liver 112.—Hydatid Tumour of the Liver (a) Cirrhosis of the Liver (Toxic) (b) Cirrhosis of the Liver (Toxic) 114.—Gallstones 115.—Other Diseases of the Liver 116.—Diseases of the Spleen 117.—Peritonitis (cause unknowh) 118.—Other Diseases of the Digestive System (Cancer and Tuberculosis excepted)	1 1 2 1 2 - 8	_					- 1 - - - 1	- - - - - 1 - 3			- - - - - - - - - -						- - - - - 1			1 1 - - -		
VI.—Non-Venereal Diseases of the Genito-Urinary System and Anneya. 119.—Acute Nephritis 120.—Bright's Disease 121.—Chyluria 122.—Other Diseases of the Kidneys and Annexa 123.—Urinary Calculi 124.—Diseases of the Bladder 125.—Diseases of the Urethra, Urinary Abscess, &c. 126.—Diseases of the Prostate 127.—Diseases of the Male Genital Organs (non-venereal) 128.—Uterine Hæmorrhage (non-puerperal) 129.—Uterine Tumour (non-cèncerous) 130.—Other Diseases of the Uterus 131.—Cysts and other Tumours of the Ovary 132.—Salpingitis and other Diseases of the Female Genital Organs 133.—Non-puerperal Diseases of the Breast (Cancer excepted)	10 3 22 2 - 3 - 1	1 -	10 3 - - - - - - -			3 - - 1 - - 1	-1 -1 -1 	-4 		34								8 7 - 1 - 1 - 1 1	14 3 - 1 1 1 - - - - - -			
(a) Abortion, Miscarriage (b) Ante-partum Hamorrhage (c) Ectopic Gestation (d) Other Accidents of Pregnancy 135.—Puerperal Hæmorrhage 136.—Other Accidents of Childbirth 137.—Puerperal Septicæmia (a) Puerperal Albuminuria, Nephritis, &c. (b) Puerperal Eclampsia					- - - - - - - - - -																	

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		Face.									sion.			spita	1							
Causes of Deaths.	Colombo Town.	Fort and Galle F	Pettah.	San Sebastian.	St. Paul's.	Kotahena.	New Bazaar.	Maradana.	Slave Island.	Kollupitiya.	Eastward Extension	Wellawatta Extension.	Town Residents.	Untraced.	Non-Residents.*	Europeans.	Burghers.	Sinhalese.	Tamils.	Moors.	Malays.	Others.
(a) Puerperal Phlegmasia, Alba Dolens (b) Puerperal Embolism, Sudden Death, &c (a) Puerperal Insanity (b) Consequences of Childbirth (not otherwise defined) 141.—Puerperal Diseases of the Breast	_								_			_		- - -		1 1					_	
VIII.—DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE. 142.—Gangrene (a) Carbuncle (b) Furuncle (Boil) (a) Phlegmon (b) Acute Abscess, Abscess unqualified (a) Ulcer, Bedsore (b) Eczema (c) Pemphigus (d) Other Diseases of the Integumentary System (Elephantiasis Arabum excepted)	11 - - 2 5		3		3		1 -		1 									3 — — 1 1 1 —		_		1111 1111
IX.—DISEASES OF THE BONES AND OF THE ORGANS OF LOCOMOTION.																						
146.—Diseases of the Bones (Tuberculosis and Mastoid Disease excepted) 147.—Diseases of the Joints (Tuberculosis and Rheumatism excepted) 148.—Amputations 149.—Other Diseases of the Organs of locomotion								 - -	-										-	_		1. 11 -
N.—MALFORMATIONS.																			•			
$150. \begin{cases} (a) \text{ Congenital Hydro-cephalus} & . & . \\ (b) \text{ Congenital Diseases} & \text{of the Heart} & . & . \\ (c) \text{ Other Congenital Malformations} & \text{(Still-births oxeluded)} & . & . \end{cases}$		_ _ _								 - -			 - -	-		 - -	-	-		 - -		_
X1.—Diseases of Early Infancy.																						
(a) Premature Birth (b) Debility (c) Want of Breast Milk (d) Atrophy, Icterus, Sclerema, Neonatorum (a) Atelectasis (b) Injuries at Birth (c) Other Diseases per-		8 3						1 - 1	1 -				 			-		-	3 -			
culiar to early Infancy 153.—Lack of care	y —	-				-	=	-	=		-	-	-		_	-	-				-	<u></u>

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		Face.									ion.		H	ospita	als.							
Causes of Deaths.	Colombo Town.	Fort and Galle F	Pettah.	San Sebastian.	St. Paul's.	Kotahena.	New Bazaar.	Maradana.	Slave Island.	Kollupitiya.	Eastward Extension.	Wellawatta Extension.	Town Residents.	Untraced.	Non-Residents.*	Europeans.	Burghers.	Sinhalese.	Tamils.	Moors.	Malays.	Others.
XII.—OLD AGE.	9		3		1		1	2	1	1	to compared			_		_		6	1	2		_
XIII.—Affections produced by External Causes.									,													
155.—Suicide by Poison 156.—Suicide by Asphyxia 157.—Suicide by Hanging or Strangulation 158.—Suicide by Drowning. 159.—Suicide by Firearms		_ 	_			_		_	_ _ _			_					_			_	_	-
160.—Suicide by Cutting or Piercing Instru- ments 161.—Suicide by Jumping	1	_		_	_			_	_	_	1		_	_			_	1		-	_	
from high places 162.—Suicide by Crushing 163.—Suicide by other means			_	_		_	_	_		_	_	_	_		_	_	_	_			_	_
$ \begin{array}{c} 164. \text{Poisoning by Food} \\ (a) \text{ Snake-tite} \\ (b) \text{ Insect} \\ \text{Stings} \\ (\text{Venomous}) \\ \vdots \end{array} $			_	_	_ _ _	_	_	— ₁	- 1		<u>-</u>	_	_	_			_				_	_ ₁
(c) Other Acute Poisonings 166.—Conflagration 167.—Burns (Conflagrations excepted)	$\begin{vmatrix} 2 \\ 5 \end{vmatrix}$	_		_	_	_1 		_		1 2	_1	_		_	<u>-</u>	_	_	$\frac{2}{2}$			=	
168.—Absorption of Dele- terious Gases (Con- flagration excepted) 169.—Accidental Drowning	_	_	_	_		_		_	_	_	_	_	_		_		_		_	_	_	=
170. —Traumatism by Fire- arms 171. —Traumatism by Cutting or Piercing Instru- ments	_	_	_	-	_				}	-				_ }						-	-	_
(a) Traumatism by Fall from trees (b) Traumatism by Fall from heights		_		_	_	_	_	_		_	_				_		_	_	_	-		
other than trees (c) Traumatism by other Accidental Fall	1	_	_	_	_	1	_	_	_		_	_	_	_	_	_		1	a use is the period of	_		_
173.—Traumatism in Mines and Quarries 174.—Traumatism by Machines 175.—Traumatism by Other	_	_ _	_		_ _	_ _	- -		_	_	_ <u> </u>	_ _			_		_	_		_	-	_ _
Crushing (Vehicles, Railroad, Land- slides, &c.) 176.—Injuries by Animals	2	_	_	_	<u> </u>	_1 	_	_	_	_1	1	_	_	_		_	_	_2	-	_		_
177.—Starvation 178.—Excessive Cold 179.—Effects of Heat 180.—Lightning 181.—Electricty (Lightning		 	13 —					$\left \begin{array}{c} 2 \\ - \\ - \end{array} \right $											16 			
excepted)	1	=		_		1	_		_			_			_	_		- ₁				=
ments 184.—Homicide by other means 185.—Fractures (cause not specified)	2	_	1		_		1	_	_		_			_	_			2			_	_
$186. egin{cases} (a) \ ext{Judicial Hanging} \\ ext{or Execution} & \dots \\ (b) \ ext{Other External} \\ ext{Violence} & \dots \end{cases}$		_	_	_	_	_	_	_	_	_	-	_	_	_	_	_	_	-	_	_	_	_
	D'		, (.1								ol for	~ 1				- 1	1		}	-	

^{*} Figures under this heading are not included in the total for Colombo Town.

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								VV 0	ra.		ou.		Ho	spita	ls.							
Causes of Deaths.	Colombo Town.	Colombo Town.	Pettah.	San Sebastian.	St. Paul's.	Kotahena.	New Bazaar.	Maradanâ.	Slave Island.	Kollupitiya.	Eastward Extension	Wellawatta Extension.	Town Residents.	Untraced.	Non-Residents.*	Europeans.	Burghers.	Sinhalese.	Tamils.	Moors.	Malays.	Others.
XIV.—ILL-DEFINED DISEASES.																						
(a) Dropsy (b) Ascites 187. (c) Other ill-defined	-				_			_	_	_	_			_	_		_	_	_			-
Organic Disease (a) Syncope	-	_	_	_	- ₁	_	_	_	_	=	=	_		_	_	_	_		1	_	_	-
188. (b) Sudden Death (not otherwise defined) (a) Heart-failure	-		_	_	_	_	_	1	_	_	- 1		_	_	_	_	-1	1	_	=	_	_
(b) Atrophy, Debility, &c., one year and over (c) Teething \cdots 189. \prec (d) Pyrexia	46] 	17 —		3	- - -	5 	9	 - -	$\begin{bmatrix} 2 \\ -1 \end{bmatrix}$			 - -		_		1 	21	20	_4 - -	<u>-</u>	
$ \begin{pmatrix} (e) & \text{Marasmus} & \text{and} \\ & \text{Asthenia} & \dots \\ (f) & \text{Other} & \text{Ill-defined} \\ & \text{Causes} & \dots \\ (g) & \text{Diseases not specified} $	_ s	 - -	1 - -		- -					3 —	<u></u>			_ 	=	_ _ _				=		-

^{*} Figures under this heading are not included in the total of Colombo Town.

No. 18 (c).—Causes of Deaths of Non-residents Registered in the Colombo Hospitals during the Year 1912.

No. 18 (c).—Causes of Deaths of Non-re					National	
	Ŀ	Iospitals	·		Navional	103.
Causes of Deaths. All Causes		Non- Residents.*	Europeans.	Burghers.	Sinhalese	Moors. Malays 1 Others.
I.—General Diseases 1.—Epidemic Diseases	• •	200 72	9 · · · 8 · ·	6 5	164 13 49 6	$\begin{array}{cccccccccccccccccccccccccccccccccccc$
2.—Septic Diseases 3.—Tuberculous Diseases	• •	79	_ ₁		$\begin{array}{cccccccccccccccccccccccccccccccccccc$	$\frac{-}{2}$ \vdots $\frac{-}{2}$ \vdots $\frac{1}{1}$
4.—Venereal Diseases 5.—Cancer or Malignant Diseases	• •	$10 \dots 14 \dots$	_ ::	_ ::	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	= :: = :: =
6.—Other General Diseases II.—Diseases of the Nervous System and Org	 gans	14	-		14 —	
of Special Sense III.—Diseases of the Circulatory System		13 18	3 3	1	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	= :: = :: =
IV —Diseases of the Respiratory System		56 128	3	1	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	$\begin{array}{cccccccccccccccccccccccccccccccccccc$
V.—Diseases of the Digestive System VI.—Non-venereal Diseases of the Gen	nito-		3	1	38 —	
Urinary System and Annexa VII.—The Puerperal State		5		_ ::	5 —	- :: - :: -
VIII.—Diseases of the Skin and of the Cell Tissue		10	1	-	13 1	
IX.—Diseases of the Bones and of the Organ Locomotion	ns of	<u> </u>		<u> </u>		
X.—Malformations XI.—Diseases of Early Infancy		1 1	_ ::	_ ::	1 —	= :: = :: =
XII.—Old Age XIII.—Affections produced by External Caus		$\begin{array}{c} 5 \dots \\ 27 \dots \end{array}$	= ::	- ₁	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	$\frac{-}{2}$ \vdots $\frac{-}{1}$
1.—Suicide · ·	• •	$-\frac{1}{7}$		 1	$-\frac{\cdot \cdot \cdot - \cdot \cdot \cdot}{4 \cdot \cdot \cdot 1 \cdot \cdot \cdot}$	$\frac{-}{1}$.: $\frac{-}{1}$.: $\frac{-}{1}$
2.—Homicide 3.—Judicial Hanging or Execution	lamas	-	::		$\frac{}{}$ $\frac{}{}$ $\frac{}{}$ $\frac{}{}$ $\frac{}{}$ $\frac{}{}$ $\frac{}{}$ $\frac{}{}$ $\frac{}{}$	$\frac{-}{1}$ $\frac{-}{-}$ $\frac{-}{1}$
4.—Accident and other External Vio XIV.—Ill-defined Diseases	lence			_ ::	28 3	_ :: _ :: _

^{*} Figures under this heading are not included in the total of Colombo Town.

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	Causes of Deaths.		Non-	Residents.*	Europeans.		Burghers.	Sinhalese.	Tamils.	Moors.	Malays.	Others.
	I.—GENERAL DISEAS	ES.				Ł		92		A		
		All Causes	542	2	27	••	11 .	. 435	50 .	. 7.	. 1.	. 11
	1.—Enteric Fever 2.—Typhus Fever	,	, 31	l	4	••	4 .	. 20	1 .	. 1 .		. 1
	3.—Relapsing Fever		$\vdots =$		_	• • •	<u> </u>	. —	$\vdots = \vdots$	· — :	. — .	. –
	4. (a) Malarial Cachexia (a) Vaccinated			3	_	• •	<u> </u>	. 3	:	·	· - :	
	5.—Smallpox $\{(b) \text{ Not Vaccina} \\ (c) \text{ Doubtful.} .$	ated	:: —	• • • • • •	_	• •	_ :	$\vdots = $		$\vdots = \vdots$	$\vdots = \vdots$: =
%	6.—Measles		:: <u> </u>	• • •		••	_ :			. <u> </u>	· _ :	· —
Epidemic Diseases	8.—Whooping Cough (a) Diphtheria		\vdots –	3	_		<u> </u>	$\frac{1}{2}$: <u> </u>	· _ :	: <u> </u>	· -
c Di	9. $\begin{cases} (b) \text{ Membranous Laryngiti} \\ (c) \text{ Croup} \end{cases}$	s		• •	_	••	<u> </u>		— .	· — :	· _ :	: <u> </u>
lemi	10.—Influenza 11.—Miliary Fever		:: <u> </u>	• •	_	• •	<u> </u>	· _	· · ·	· — :	· _ :	· _
Epù	12.—Asiatic Cholera 13.—Cholera Nostras		<u> </u>	• •	_	• •	<u> </u>	: <u> </u>	·· = :	· — :	· — :	: <u> </u>
	$\begin{cases} (a) \text{ Amæbic Dysentery} \\ (b) \text{ Bacill ry Dysentery} \end{cases}$			l	_1	• •	<u> </u>	: <u> </u>	·· = :	· — :	· = :	: <u> </u>
	(c) Dysentery (type not d	listinguished	$\frac{2}{\cdots}$	7	_3	• •	$-\frac{1}{\cdot}$. 17	\vdots $-^5$ \vdots	·	· — :	<u>; </u>
	16.—Yellow Fever 17.—Leprosy		–	••	_	• •	<u> </u>	· —	·: = :	· – :	: - :	: -
	18.—Erysipelas (a) Mumps		—	2	_	• •	<u> </u>	\vdots $-$ ²	:: - :	· = :	· — :	: —
စ္ခ	19. (b) Varicella (Chickenpox (c) Other Epidemic Disea) ses	$\vdots =$		_	• •	- :	· –	· · ·	· — :	· — ·	: -
septic isease	$\begin{cases} (a) & \text{Pyæmia} \\ 20. \begin{cases} (b) & \text{Septicæmia} \\ (c) & \text{Vaccinia} \end{cases}$:	9	_	• •	- :	. 8	·· = :	: - :	: - :	· _1
21.	—Glanders —Anthrax		:: =	• •	_	• •	<u> </u>	: =	·· — :	· — :	: = :	: =
23.	—Rabies, Hydrophobia		$\vdots =$	• • •	=	• •	= :	$\vdots = = = = = = = = = $	$\vdots = \vdots$: = :	: = :	: =
25.	Mycoses			• • •		• •	\equiv :	·		$\vdots = \vdots$	$\vdots = \vdots$	$\vdots \equiv$
27.	—Beri-Beri	erculosis		2	_	••		. — . 65	$\vdots - \vdots \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot$	\vdots $-\frac{1}{2}$.	· _ :	: _
ease	28. (a) Acute Pulmonary Tub (b) Chronic Pulmonary Tub 29.—Acute Miliary Tuberculos	uberculosis		 1	_	• •	_ :			: <u> </u>	: <u> </u>	:
Dis	30.—Tubcrculous Meningitis 31.—Abdominal Tuberculosis	••		1	_1	••		$\begin{array}{cccccccccccccccccccccccccccccccccccc$		$\vdots = \vdots$	· _ :	<u> </u>
nolu	32.—Tuberculosis of the Spine 33.—Tuberculosis of Joints		:: <u> </u>	• •	_	• •	<u>-</u> :	: <u> </u>	— :	· = :	: = :	· _
Tuberculous Diseases.	34.—Tuberculosis of other Or tism excepted)		ha-	2	_			. 2	- .	. — .	. — .	. —
n_{L36}	\ 35.—Disseminated Tuberculos —Rickets	is	:: <u> </u>	• •	_	• •	= :	: =	:: - :	· — :	· _ :	: <u> </u>
37. 37 <i>0</i>	—Syphilis ı—Parangi (Frambæsia Tropicus	m, Yaws)	—	3	_	• •	<u> </u>	8	·· = :	· = :	· — :	: =
	—Gonococcus Infection (39.—Cancer and other maligne	ant Tumour	s of	2	_	• •	- .	. 1	1 .	. — .	. — .	. —
seas	the Buccal Cavity 40.—Cancer and other malignation	ant Tumour	s of	5	_	• •	— .	. 5	— .	. — .	. — .	. —
Malignant Diseases.	the Stomach, Liver 41.—Cancer and other maligner	ant Tumours	of	1	_	• •	- .	. 1	— .	. — .	. — .	. —
ignai	the Peritoneum, Intest	ant Tumour	s of	••	_	• •		· —	— .	. — .	. — .	, summer
Mal	the Female Genital Org 43.—Cancer and other malign	ant Tumour	s of	3	_	• •		. 4	1.	. — .	. — .	. —
	the Breast 44.—Cancer and other malignates the Skin	ant Tumour	s of	• •		• •		. –	— . _	. — . —		
Cancer or	45.—Cancer and other malignations of Organs or of Organs	ant Tumours	of fied	5	_	••		. 4	1 .			· _
46.	—Other Tumours (Tumours Genital Organs excepted)	of the Fen	nale	$\frac{1}{2}$	_			. 2	–	:		
47.	—Acute Rheumatic Fever (a) Rheumatoid Arthritis		.: <u> </u>	•	_	••	_ :	: =	· – :	$\vdots = \vdots$	· _ :	: <u> </u>
48.	1 (h) Oaton Anthritia		:: =		=	• •	<u> </u>	: =	$\vdots = \vdots$: = :	: - :	· –
49	$\begin{array}{c} (d) \text{ Gout } \dots \\ (d) \text{ Gout } \dots \\ -\text{Seurvy } \dots \end{array}$:: =	• •	_		<u> </u>	: =	·· = :	: = :	: = :	: –
50.	—Diabetes (Mellitus) —Exophthalmic Goitre		:: _	6	_	• •	- :	· _ 6	·· = :	: = :	: = :	: _
52 .	—Addison's Disease		:: _	• •	=	••	= :	. —	·· — :	: = :	: = :	: -
53.	(a) Lymphadenoma (a) Anæmia		—	2	_	• •	_ :	: -2	·· — :	: = :	: = :	: _
54.	* Figures and	- this be 1	–					. —	·· — ·	. — .	. — .	

^{*} Figures under this heading are not included in the total for Colombo Town.

	Hospit	als.					Nati	onali	ty.					
Causes of Deaths.	Non- Residents.*		Europeans.		Burghers.	Sinhalese.		Tamils.		Moors.		Malays.		Other
$55.$ $ \begin{cases} (a) \text{ Diabetes Insipidus} \\ (b) \text{ Purpura} \\ (c) \text{ Hæmophilia} \\ (d) \text{ Other General Diseases} \\ 56.$ $ Alcoholism (acute or chronic) \\ 57.$ $$		• • • • • • • • • • • • • • • • • • • •			 		• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •				• • • • • • • • • • • • • • • • • • • •	
58.—Other Chronic Poisonings (occupational) 59.—Other Chronic Poisonings (non-occupation II.—Diseases of the Nervous System and of the Organs of Special Sense. 60.—Encephalitis		• •	_		 	: =	• •	_	••	_		_		
(a) Sim le Meningitis 61. (b) Cerebro Spinal Fever (c) Septic Meningitis from various causes 62.—Locomotor Ataxia 63.—Other Diseases of the Spinal Cord 64.—Cerebral Hæmorrhage, Apoplexy	$\begin{array}{c} \vdots \\ \vdots \\ \vdots \\ \vdots \\ \vdots \\ \vdots \\ 2 \end{array}$		2 		- · ·	. — . — . — . — . 2			•••		• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	
65.—Softening of the Brain 66.—Paralysis without specified cause 67.—General Paralysis of the Insane 68.—Other forms of mental alienation 69.—Epilepsy 70.—Convulsions (non-puerperal)	₃ ₁ ₁	• • • • • • • • • • • • • • • • • • • •			1 . - : - :						•••		•••	
71.—Convulsions of Infants 72.—Chorea 73.—Neuralgia and Neuritis 74.—Other Diseases of the Nervous System 75.—Diseases of the Eyes and their Annexa 76. \(\begin{align*} (a) \text{ Mastoid Disease} \\ (b) \text{ Other Diseases of the Ears} \end{align*}		• • • • • • • • • • • • • • • • • • • •			- · · · · · · · · · · · · · · · · · · ·						• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	
III.—DISEASES OF THE CIRCULATORY SYSTEM 77.—Pericarditis 78. {(a) Simple Acute Endocarditis (b) Infective Endocarditis	м. ∴ <u>=</u>	• •	_ _ _		_ : _ : _ :	·	••			<u>_</u>	• •	=======================================	••	=======================================
79. (b) Valvular Disease (c) Other Organic Diseases of the Heart 80.—A gina Pectoris (a) Aneurism (b) Atheroma, Arteriosclerosis (c) Other Diseases of the Arteries	2 6 1	• • • • • • • • • • • • • • • • • • • •	1 - - - -		_ `. 	•				<u>-</u>	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	
82. (a) Cerebral Embolism and Thrombosis (b) Empolism and Thrombosis other the Cerebral (a) Phlebitis (b) Varicose Veins (c) Hæmorrhoids (d) Other Diseases of the Veins	2 nan = = = = = =	••			1 . 	. ' : = : -			••		•••		• • • • • • • • • • • • • • • • • • • •	
84. (a) Lymphatism Status Lymphaticus (b) Elephantiasis Arabum (Filar asis) (c) Other Diseases of the Lymphatic Syst 85. (a) Hæmorrhage from any part (b) Other Diseases of the Circulatory Syst	1	•••	_ _ _ _ 1					_ 1	•••	_ _ _	• • • • • • • • • • • • • • • • • • • •	=======================================	•••	_ _ _ _ 1
IV.—DISEASES OF THE RESPIRATORY SYSTEM 86.—Diseases of the Nose (a) Laryngismus Stridulus (b) All forms of Laryngitis (Diphther excepted)	\vdots $-$ ¹	•••	_		 	: _¹	l	=	• •	=	•••	-	••	=
(c) Other Diseases of the Larynx 88.—Diseases of the Thyroid Body 89.—Acute Bronchitis 90. {(a) Chronic Bronchitis (b) Bronchiectasis 91.—Broncho-Pneumonia	:: = :: = :: - ₁ :: - ₇	•••			- · · · · · · · · · · · · · · · · · · ·		:		•••		•••		•••	
92.—Pneumonia 93. {(a) Empyema (b) Other Pleurisy 94.—Pulmonary Co gestion, Pulmonary Apople 95.—Gangrene of the Lungs 96.—Asthma 97.—Pulmonary Emphysema 98.—Other Diseases of the Respiratory System (Tuberculosis excepted)	$\begin{array}{c} \dots - \\ \dots - \\ 3 \end{array}$	• • • • • • • • • • • • • • • • • • • •	- - - - -		1 . 		2	-4 	• • • • • • • • • • • • • • • • • • • •				•••	3
V.—DISEASES OF THE DIGESTIVE SYSTEM. (a) Diseases of the Teeth and Gums (Control of Sepsis) (b) Thrush, Stomatitis (c) Parotitis (Septic) (d) Other Dise ses of the Mouth and Annual Control of Septic)	1 	•••	=======================================	• • • •	- - - - -	: _: : =	ı ::	=	•••			=	• • • • • • • • • • • • • • • • • • • •	=

Causes of Deaths, &c.—contd.
Hospitals.

	Hos	spita	ls.						Nat	ional	ity.					
Causes of Deaths.	7	Non- Residents.*		Europeans.		Burghers.		Sinhalese.		ramils.		ors.		Malays.		Others.
		Re		Em		Bu		Sin]		Tar		Moors		Ma.		Oth
(a) Tonsillitis (other than Diphtheritic)	• •	_	• •	_	• •	-	• •	_		_		_	• •	_	• •	_
100. (b) Quin y (c) Other Diseases of Pharynx	• •	_	• •	_	• •	_	• •		• •		• •	_	• •	_	• •	_
101.—Diseases of the Œsophagus 102.—Gastric Ulcer	• •		• •	-	• •	_	• •		• •	_	• •	—	• •	_	• •	—
(a) Gastritis, Gastric Catarrh	• •	_ 1	• •	_	• •	_	• •		• •	_	• •		• •	_	• •	_
103. (b) Other Dise ses of the Stomach (Can excepted)	cor			_		_		_				_				_
(a) Epidemic Diarrhœa	• •	—_	• •	_	••		• •		• •	_	• •		• •	_	••	—
(b) Diarrhea Infantile, Diarrea due to fe	0 0 d	10	• •	_	• •		• •	1 7	• •	2	• •		• •		• •	- ₁
& (d) Enterits	• •	52	••	2	• •	-	••	36	• •	13	••		• •	—	••	1
105 (e) Gastro-enteritis	• •	_	• •	_	• •	_	• •	_		_	• •	_	• •	_	• •	_
(g) Intestinal Ulceration, Colitis	• •	—	• •	_	• •	-	• •	_	• •	_	• •		• •	—	• •	—
(h) Duodenal Ulcer 106.—Anchylo tomiasis	• •	23	• •	_	• •	_	• •	20	• •	3	• •	_	• •	_	• •	
107.—Intestin 1 Parasites	• •	2	• •	_	• •	_	• •	1	• •	1	• •	_	• •	_	• •	_
103.—Appendicitis and Typhlitis 109. (a) Hernia	••	3	• •	_	• •	_	• •	3	• •		• •		• •	_		
(a) Psilosis (Sprus or Coylon Sore-mov	 ith)	4	• •	_	• •	_	• •	4	• •	_	• •	_	• •		••	
(b) Other Diseases of the I testine	•••	i	• •	_	••	_	••	ī	• •	_	• •	_	• •	-	••	—
111.—Acute Yellow Atrophy of the Liver 112.—Hydatid Tumour of the Liver	• •	_1	• •	_	• •	_	• •	_1	• •	_	• •	_	• •	_	••	
112 (a) Cirrhosis o' the Liver (Alcoholic)	• •	_	• •	_	••	_	••	- .	• •		••	_				—
113. \(\(\)(b)\) Cirrhosis of the Liver (Toxic) 114.—Gallstones	• •	14	• •	_	• •	_	• •	13	• •	_1	• •	_	• •	_	••	_
115.—Other D seeses of the Liver	• •	1	• •	_	••	_	••	1	• •	_	••	_	• •	_		_
116.—Dise ses of the Spleen 117.—Peritonitis (cause unknown)	• •	— 5	• •		• •		• •	— 3	• •	_	• •		• •	_	••	_
118.—Ot er Diseases of the Directive Sys-	tem	J	• •		• •		• •		• •		• •		••			
(Caucer and Tuberculosis excepted)	• •	6	• •	1	••	_	• •	5	• •	_	• •	_	• •	_	• •	_
VI.—Non-Venereal Diseases of the Gene Urinary System and Annexa.	TO-															
119. Acute Nephritis 120Bright's Disease	• •	18	• •	2	• •			$\begin{array}{c} 15 \\ 7 \end{array}$			• •	_	• •	_	• •	_
121.—Chyluria		_		_		_	• •	_			••		• •	_		—
122.—Other Diseases of the Kidneys and Ann 123.—Urinary Calculi		_9	• •	_1	• •	_	• •		• •	_	• •		• •	_	••	
123.—Urinary Calculi 124.—Diseases of the Bladder	• •	2	••	_	• •		••		••	_	••	_	• •	—		—
125.—Diseases of the Urethra, Urinary Abscess 126.—Diseases of the Prostate	, &c.	. 1	••	_	• •	_	••	1	• •	-	••	_	• •	_	• •	
127.—Diseases of the Prostate 127.—Diseases of the Male Genital Organs (r	non-	_	• •		••		••	•	••		•		• •			
venereal) 128.—Uterine Hæmorrhage (non-puerperal)	• •		• •	_	• •	_	• •	_	• •	_	• •	_	• •	_	• •	_
129.—Uterine Tumour (non-cancerous)	• •	_	• •		••	_	••		• •		• •	_	• •	—	• •	—
130. — Other Diseases of Uterus 131.—Cysts and other Tumours of the Ovary	• •	3	• •	_	••	_	••	3		_	• •	_	• •		• •	_
132.—Salpingitis and other Diseases of the Fer		•	•					1								
Genital Organs 133.—Non-puerperal Diseases of the Breast (Car	n c e r		• •	_	• •	_	• •	1	• •		• •	_	• •	_	• •	_
excepted)	••	_	• •	_	• •	_	• •		• •	—	• •	_	• •		••	—
VII.—THE PUERPERAL STATE.																
(a) Abortion, Miscarriage		1		_		_		1				<u></u>		_		—
134. (b) Ante-partum Hæmorrhage (c) Ectopic Gestation	• •	—			• •		• •	_ 1	• •	_	• •	_	• •		••	
(d) Other Accidents of Pregnancy	• •		• •	-	• •	_	• •			_	• •	_	••	-	••	—
135.—Puerperal Hæmorrhage 136.—Other Accidents of Childbirth	• •	1	• •		• •	_	• •	_ 1	• •	_	• •		• •	_	• •	
19# D -10 4:'-	••		• •	_	• •	_	• •		• •	_	• •		• •	_	••	—
137.—Puerperal Sept cæmia 138. (a) Puerperal Albuminuria, Nephritis, &	tc	_	• •	_	• •	_	• •	_	• •	_	• •	_				_
(a) Puerperal Phlesmasia, Alba Dolens		—		—	• •	_	• •	-			• •	_	• •	_	••	_
139. (b) Puerperal Embolism, Sudden Death (a) Puerperal Insanity		. —	• •	_	• •	_	• •	_			• •	_		_	• •	_
140. (b) Consequences of Childbirth (not of	he r-							0								
wise defined) 141.—Puerperal Diseases of the Breast	••		• •	_	• •	_	• •		• •	_	• •	_	• •	_	• •	—
	rov															
VIII.—Diseases of the Skin and of the Cellular Tissue.	L JS															
142.—Gangrene		6	• •	_	• •	_	• •	5	• •	1	• •	_	• •	_	• •	_
143. $\begin{cases} (a) & \text{Carbunele} \\ (b) & \text{Furunele (Boil)} \end{cases}$	• •	_	• •	_	• •		• •		• •		• •	_		_		_
(a) Phl gmon :	• •	—,	• •	_		_	• •		• •	_	• •		• •	_	••	
144. (b) Acute Abscess, Abscess unqualified (a) Ulcer, Bedsor	• •	1 4	• •	_	• •	_	• •	4	• •	_	• •					-
(b) Eczema		_,	• •	_	• •	_	• •		• •	_	• •	_	• •	_	• •	
145. (c) Pemphigus (d) Other Diseases of the Integumen	tary	1	••		• •		• •	1	••		••		•			
System (Elephantiasis Arabum	ox-			1				2				_				-
cepted)	••		• •					1 6 7	1	.1 - 7	10.					
* Figures under this head	ing a	re no	ot it	nelude	ed in	the	tota	of Co	olon	roo I	.own	١.				

	н	ospi	tals	; .						Nati	onal	ity.					
Causes of Deaths.	٥	Non-	esidentes.		Europeans.		Burghers.		Sinhalese.		ramils.		Moors.		Malays.		Others.
IX.—Diseases of the Bones and of	THE	ď	Ĭ T		Ē		Bu		Sir		T_8		X		Ä		Ö
ORGANS OF LOCOMOTION.		ı															
146.—Diseases of the Bones (Tuberculosi Mastoid Disease excepted)		_		•	_		_	• •	—	• •	—	• •	_	• •	-	• •	_
147.—Diseases of the Joints (Tuberculos Rheumatism excepted)	is and	i —		•	_		_		_				_				_
Rheumatism excepted) 148.—Amp itations 149.—Other Diseases of the Organs of Locor	notion		٠	•	_	• •	_	• •	_	• •	_	• •	_	• •	_	• •	_
X.—Malformations.																	
(a) Congenital Hydrocephalus		_			_	• •	_	• •	_				_	• •	-	• •	
(a) Congenital Hydrocephalus (b) Congenital Diseases of the Heart (c) Other Congenital Malformations (b) b) b) b) b) congenital Malformations	(Still-	. —	•	•	_	• •	_	• •		• •	_	• •	_	••		••	
births excluded)	• •		l .	•	_	• •	_	• •	1	• •	_	• •		••	_	• •	_
XI.—DISEASES OF EARLY INFANCY.			1				_		1		_		_		_		_
(a) Premature Birth	• •	_		•	_	• •	_	••	_^	••	_		_	• •		• •	_
(c) Want of Breast Milk (d) Atrophy, Icterus, Sclerema Neone		. — a —	•	•	_	• •	_	• •	_	• •	_	• •	_	• •	_	• •	
152. (a) Atelectasis (b) Injuries at Birth	•	· —	•	•		• •	_	• •	_	• •	_	• •	_	• •		• •	_
(c) Other Diseases peculiar to early 1	nfanc	y —		•	_	• •		• •	_	• •	_	• •	_	• •	_	• •	
153.—Lack of care	•	. —	•	•		••		••		••		•					
XII.—OLD AGE.		•	5.		_		_		5		_		_		_		_
XIII.—Affections produced by Exte	RNAL																
CAUSES.		. —							_				_				
155.—Suicide by Poison 156.—Suicide by Asphyxia		. —			_	• •	•	••	_	••	_		_	• •		• •	_
157.—Suicide by Hanging or Strangulation 158.—Suicide by Drowning	n .	: =	•		=	• •		• •	_	• •	_				_	• •	_
159.—Suicide b · Firearms 160.—Suicide by Cutting or Piercing Instr	${f ument}$. — s —	•		_	• •	_	• •	_	• •	_	• •	_	• •	_	• •	
161.—Suicide by Jumping from high places 162.—Suicide by Crushing	s .	· <u> </u>		•	_		_		_	• •	=	• •	_	• •	_		_
163.—Suicide by other means		. –		•	_	••		• •	<u>·</u>	• •	_	. • •			_		_
164.—Poisoning by Food (a) Snake-bite		: =	- ·	•	_	• •		• •	_	••	_	• •	_	• •		• •	_
165. $\begin{cases} (b) \text{ Ins} \in \mathbf{ct} \text{ Stings (Venomous)} \\ (c) \text{ Other Acute Poisonings} \end{cases}$: =	- - ,	• •	_	• •	_	• •		• •	_	• •	_	• •	_	• •	_
166.—Conflagration 167.—Burns (Conflagration excepted)			1 4	••	_	• •	_	• •	1 4	• •	_	• •	_	• •	_	• •	_
168.—Absorption of Deleterious Gases gration excepted)	(Confla	a- -	_		_		_		_		_		_		_		_
169.—Accidental Drowning			-		_	• •	_	• •	_	• •	_	• •	_	• •	_	• •	_
170.—Traumatism by Firearms 171.—Traumatism by Cutting or Pierce	ing I	n-		• •		• •		••		• •		• •		••		••	
struments (a) Traumatism by Fall from trees	•	: –	3	• •	_	••		• •	2	• •	_	• •		l	_	• •	_
172. (b) Traumatism by Fall from heighthan trees	ts othe	•r • • —	_		_		_		_		_		_		_		
(c) Traumatism by other Accidenta 173.—Traumatism in Mines and Quarries	l Fall.			• •	_	• •	_		_1		_	• •	_		_	• •	_1
174.—Traumatism by Machines		–		••	_	••	_	••	_	••		• •	_	• •	_	• •	_
175.—Traumatism by other Crushing (V Railroad, Landslides, &c.)	/ emcre		3	• •	—		_		3		—		-				_
176.—In uries by animals 177.—Starvation		· · · · · · · · · · · · · · · · · · ·	3	• •	_	• •	_	• •		:		l	_	• •	_	• •	_
178.—Excessive Cold 179.—Effects of Heat		– –	_	• •	_	• •	_	• •	_	• •	_	• •	_	• •	_	• •	_
180.—Lightning 181.—Electricity (Lightning excepted)			_	• •	_	• •	_	• •		• •	_	• •	_	• •	_	• •	_
182.—Homicide by Firearms	Tnata	· · -	_	• •		• •	—	••	_	• •	_	• •	_	••	_	•••	_
183.—Homicide by Cutting or Piercing ments		u- 	4		_		_				<u> </u>			1	_		_
184Homicide by other means 185Fractures (cause not sperified)		• •	3]	• •	_	• •		1		l	_	L	_	• •	_	• •	_
186. (a) Judicial Hanging or Execution (b) Other External Violence		– 	_2	• •	_	• •	=	• •			_	• •	_	• •	_		_
XIV.—ILL-DEFINED DISEASES.																	
(a) Dropsy			_,		_		_		<u> </u>		_		_		_	• •	-
187 (b) Ascites (c) Other Ill-defined Organic Diseas	se	–	_ 1	• •	_	• •	_	• •	_	• • •	=	• •	=	• •		• •	
188. $\begin{cases} (a) & \text{Syncope} \\ (b) & \text{Sudden Death (not otherwise definition of the expression)} \end{cases}$	efined)			• •	_	• •	_		_	• •	=	• •		• •	_	• •	_
(a) Heart-failure (b) Atrophy, Debility, &c., one y	ear a	n d	3	• •	_	• •		• •		3	_	• •	_	• • •	_	• •	-
over			22	• •	_		_		20			2	_		_	• •	_
189.7 (d) Pyrexia				• •	_	• •	_	• • •	_		_				_		_
(e) Marasmus and Asthenia (f) Other Ill-defined Causes			-	• •	_	• •	_	• •	_	•••	_			••	=	• •	
(g) Diseases ot s ecified	1 7.			••			. —	• •		,,				•••		••	
* Figures under this	neadir	ig ai	e n	ot	inclu	ded	in th	ne to	tal of	Col	ombo	o'l' c	wn.				

No. 20.—Quarterly Infant Mortality, 1902 to 1912, expressed as a Rate per 1,000 Births.

		1st (Quarte	r.	1		2nd	Quarte	r.			3rd	Quarte	er.			4th	Quarte	er.	
Year.	Quarter's Births.	12 Months' Births.	Quarter's Deaths.	Quarterly Rate.	Annual Rate.	Quarter's Births.	12 Months' Births.	Quarter's Deaths.	Quarterly Rate.	Annual Rate.	Quarter's Births.	12 Months' Births.	Quarter's Deaths.	Quarterly Rate.	Annual Rate.	Quarter's Births.	12 Months' Births.	Quarter's Deaths.	Quarterly Rate.	Annual Rate.
1902 1903 1904 1905 1906 1907 1908 1909 1910 1911 Average, 1902-1911 1912	934 979 940 1,091 1,426 1,124 1,269 1,217 1,268 1,583 1,183 1,371	3,335 3,726 3,513 3,821 4,251 4,424 4,425 4,550 4,640 5,134 4,182 5,068	300 371 334 306 303 319 400 360 367 343 398	321 378 355 280 216 284 315 296 284 232	359 398 380 320 289 288 361 317 310 286 328 314	799 880 917 891 1,109 965 1,154 1,068 1,034 1,185 1,001 1,256	3,362 3,807 3,550 3,795 4,469 4,280 4,614 4,464 4,618 5,273 4,223 5,139	355 312	338 403 340 391 306 288 328 331 285 305 329 311	333 373 363 367 304 260 328 317 258 274 304	883 815 897 1,029 1,022 1,028 1,033 1,090 1,207 989 1,214	3,500 3,739 3,632 3,783 4,480 4,273 4,620 4,675 5,390 4,256 5,146	363 430 351	423 363 336 343 328 360 334 333 356	392 369 359 314 306 315 320 309 311 319 320 284	878 916 1,049 1,162 1,169 1,151 1,271 1,415 1,305	3,681 3,552 3,670 3,916 4,726 4,280 4,602 4,589 4,819 5,280 4,311 5,193	428 366 486 364 399 511	386 423 353 441 368 313 422 286 282 392 363 295	429 353 472 362 342 422 317 331 387

No. 21.—Infant Mortality, 1912 (Principal Causes), expressed as a Rate per 1,000 Births of each Race.

Cause,	A	ll Races	. E	Luropeans	•	Burghers.	Sinhalese	Tamils.	Moors.	Malays.	(Others.
All Causes	9 1	299		22		186	 284	 381	 382	 289		354
Premature birth	• •	26		—		15	 34	 25	 - 8	 20		31
Atrophy and debilit	y	45		_		20	 31	 86	 79	 41		63
Bronchitis		18				9	 16	 18	 26	 31		52
Pneumonia		34				31	 36	 32	 31	 25		52
Diarrhœal		37				33	 43	 32	 38	 25		21
Convulsions		91				35	 81	 126	 132	 112		94
Tetanus		15		_		5	 12	 23	 30	 10		
All other Causes ·		33		20	• •	•	 0.7	 2.0	 38	 25		42

No. 22.—Infant Mortality by Wards, 1902 to 1912. Rate per 1,000 Births.

				J								_	
Year.	Colombo Town.	Fort and Galle Face.	Pettah.	San Sebastian.	St. Paul's.	Kotahena.	New Bazaar.	Maradana,	Slave Island.	Kollupitiya.	Eastward Extension.	Wellawatta Extension.	Hospitals.
1902 1903 1904 1905 1906 1907 1908 1909 1910	360 410 353 361 302 304 355 310 295 316	273 154 666 76 100 353 286 267 300	426 630 419 481 328 467 350 349 279	429 384 408 461 418 367 333 326 356 372	509 481 482 559 337 431 412 350 433 509	417 518 382 381 310 289 346 354 282 295	422 468 452 461 357 395 467 377 323 382	310 361 336 353 287 296 426 305 327 370	399 432 454 458 311 325 340 359 343 325	271 333 232 251 276 251 340 254 217 249	374		207 417 172 147 210 204 215 161 193 163
Average, 1902 to 1911	333 299	232 100	405 390	$\begin{array}{c} 382 \\ 329 \end{array}$	445 337	349 304	407 441	338 324	367 364	265 260	374 217	<u>-</u> 267	195 170
Increase or Decrease	34	—132	15	_ 53	108	45	+ 34	_ 14	_ 3	_ 5	—157	?	25

No. 23.—Intent Mortality, 1912, Deaths at different Age Periods and from several Causes.

		Age in Weeks. Age in Months.															Ra	ce.			
Cause of Death.		Age	in We	eks.					Age i	n Moi	nths.			Europeans.	Burghers.	Sinhalese.	18.	z.	ys.	r8.	All Races.
	1	2	3	4	Total.	2	3	4	5	6	7-9	10-12	Total.	Euro	Burg	Sinh	Tamiis.	Moore.	Malays.	Others.	All F
I.—Developmental diseases:— (1) Premature birth (2) Atalectasis (3) Atrophy and debility (4) Others II.—Diseases of respiratory system:— (1) Laryngitis (2) Croup (3) Bronchitis (4) Pneumonia (5) Others III.—Diseases of digestive system:— (1) Diarrheal (2) Dentition (3) Others IV.—Diseases of nervous system:— (1) Convulsions (2) Laryngismus stridulus (3) Tetanus (4) Others V.—Tuberculous diseases:— (1) Tabes messenterica (2) Tubercular meningitis (3) Others VI.—Accidents:— (1) Injury (2) Umbilical hæmorrhage (3) Suffocation (4) Other violence VII.—Infectious diseases:— (1) Smallpox (2) Chickenpox (3) Measles (4) Whooping cough (5) Mumps (6) Diphtheria (7) Cerebro-spinal fever (8) Scarlet fever VIII.—Syphilis IX.—All other causes	1188		7 20 - - - - - - - - - - - - - - - - - -	26	133 5 169 3				66 _18317		- 6 1 - 15 39 2 8 - 35 45 - 7 - 1 1	- 4 - 4 - 18 43 - 5 - 16 22 - 2 - 1 - 1 - 1 - 1 - 10	2 64 2		7 1 9 1 - 4 14 - 5 - 10 16 - 2 2 1 1 - 1 1 - 1 2 - 1 6	98 1 91 4 105 2 22 101 234 35 9 2 1 15 53	17 3 58 12 22 1 6 - 16 85 - 15 8 1		-4 -8 	3 6 - - 5 5 5 - - - 2 9 - - - - - - - - - - - - - - -	135 5 233 5 - 94 175 4 38 - 158 472 - 77 28 - 1 2 1 - 1 4 - 20 95
Total	481	116	77	66	740	161	116	81	79	76	180	121	814	2	84	82.	257	298	57	34	1554
Percentage of Total Infant Deaths	30.95	7.47	4.95	4.25	47.62	10.36	7 · 47	5 · 21	5.08	4:89	11.58	7.79	52.38	0.13	5.41	52.89	16.54	19.17	3.67	2 · 19	100.00

[For Table 24 see page 63.]

Infant l	Infant Deaths in Slave Island Ward due to Convulsions, 1912. Age at Death. Europeans. Burghers. Sinhalese. Tamils. Moors. Malays. Others. All Races.															
Age at Death.	Eur	opear	ns. B	urghe	ers. S	Sinhal	ese.	Tamil	s.	Moors	. м	alays	. Ot	hers.	Al	l Races.
Under one Week.																
1st day		_		_				_		1				_		1
2nd day		_		—		—						—		—	• •	_
3rd day		—		—		—		—		1		—		_		1
4th day		—		—		1		1		1				—		3
5th day	• •	—	• •	—				1	• •			1	• •	_	• •	4
6th day	• •		• •		• •			2	• •	4	• •	_	• •	—	• •	6
7th day	• •	—	• •	—	• •	1	• •	4	• •	1	• •	_	• •		• •	6
Under one Month.																
2nd week						4		1		2		2				9
3rd week				_				1		1		1		—		8
4th week		—		—		2		_		1		_		—		3
One Month and Over.																
2 months		_		1		3		_		2		1		_		7
3 months				1		2		1				_		1		5
4–6 months		_		1		2		1		1	• •	2		1		**
7–9 months				_		3		1	٠.	2		2		—		8
10–12 months	• •	_	• •	_		5		1		2						8
Total	• •		_	3	_	28	_	14	-	21	-	9	-	2	_	77

100.0 per cent. = the total.

{27·3 per cent. of the total occurred during 1st week. 26·0 per cent. of the total occurred during 2nd week to end of 1 month. 26·0 per cent. of the total occurred during 2nd month to end of 6 months. 20·7 per cent. of the total occurred during 7th month to end of 12 months.

53.3 1st month

No. 24.—Infant Deaths in Slave Island Ward during 1912.

All Races.		180
Othera.	63 44 60 44 4 1	12
Malays.	010101011 01 1 01 1	28
Noors,	ъинио4π ни нн нн	39
.elimaT	ø	30
.eseledniS		64
Burghers.		7
Europeans.		
.lstoT	8111 I	180
ns mori əgadrıomaH incised Wound.		1
sisidtdT		1
Peritoneal Abscess.		ı
Congenital Syphilis.		63
. Tetanus,		61
Whooping Cough.	-	1
.moitritiunlaM		6
Vermes.	- a -	9
Debility.		7
Born Weakly.		119
Premature Birth.	- - - 00 - -	11
aitireta bas sentrisid	-	6
Bronchitis.	- -	13
Pneumonis.	ø - -	12
Marasmus.	&	6
.enoisluvno	<u>п</u> и то 4 и г. го 4 и и и и и и и и и и и и и и и и и и	77
·		a.
ند		Total
Name of Street.		
Tame o	reet reet sage t t t t t t t t t t t t t t t t t t t	
Z	Wekanda street Vauxhall street Stewart street Station passage Short's road Church street Chapel lane Java lane Ingham street Union place Union place Union place Union lane Street Ecchman lane Glenie street Kew lane Briffe street Kew lane Saunders court Kew lane Clenie street Ester road Lily street Lake road Parson's road Lily street Vellon's passage Hunupitiya Goulding lane	
	Wekanda street Vauxhall street Stewart street Station passage Short's road Church street Java lane Ingham street Union place Union place Union place Union place Gloich lane Saunders court Rew road Kew lane Hyde Park corner Dawson street Erry street Bridge street Ferry street Ferry street Lake road Lake road Lily street Vellon's passage Hunupitiya Goulding lane	
		347]

	No. 25.—P	ulmor	nary Di	seas	ses, 190	2 to	1912.	De	ath-rate	of	each Ra	ce p	er 1,000) P(opulatio:	n.	
Year.							Burghers				Tamils.		Moors.		Malays.	(Others.
1902			7.15		2.59		5.07		$7 \cdot 17$				$7 \cdot 23$		6.07		8.94
1903			$7 \cdot 40$		$3 \cdot 29$		$5 \cdot 67$		$7 \cdot 89$		$7 \cdot 22$		$7 \cdot 17$	• •			11.23
1904			$7 \cdot 40$		5.08		6.75		7.77		$6 \cdot 31$	• •	6.71	• •	9.24	• •	9.75
1905	• •		8.10		$3 \cdot 22$				8.62	• •	7.51	• •	8.18	• •	9:07		11.51
1906			9.08		4.26				9.29	• •	9.71	• •	8.26	• •			13.76
1907	• •		8.04		1.75			• •	8.26	• •		• •	8.05		10.14		$12 \cdot 11$ $13 \cdot 33$
1908			$9 \cdot 12$		4.52			• •	9.90	• •		• •	8.91	• •			8.86
1909		•••	$9 \cdot 32$	• •	3.09	• •		• •	9.47		10.04	• •	9.21		$\begin{array}{c} 10 \cdot 39 \\ 6 \cdot 92 \end{array}$	• •	6.47
1910	• •	• •	$7 \cdot 19$	• •	5.05	• •		• •	7.01	• •		• •	$7 \cdot 28 \\ 8 \cdot 23$	• •	9.56	• •	9.48
1911	• •	• •	8.54	• •	2.66	• •	7.00	• •	$7 \cdot 82$	• •	9.34	• •	8 48	• •	9 50	• •	J 10
Averag	ge, 1902–191	11	8.11		3.20		6.46		8.29	• •	8.29	• •	8.04	• •	8.39		10.41
1912 (Crude)	• •	8.01	• •	1.59		6.49	• •	8.61	• •	7.64	• •	6.87	• •	11.23	• •	13.00
1912 (Corrected)		7.49	• •	0.63		6.36		7.65	• •	7.50	• •	$\frac{6\cdot 79}{}$	• •	11.07	• •	12.36
Increa (Cru			-0.10	-	-1.91		+0.03		+0.32		<u>-0.75</u>		1:17		+2.84		+2.59

No. 26.—Pulmonary Diseases, 1912. Death-rate per 1,000 Population of each Sex calculated on the Population enumerated at the Census of March 10, 1911.

		OI	I CITO I C	pui	words or	CLILI	ioratoa c	00 011	0 00,2,00			,					
Races.			Pulmo Males.		Group. Females.		Pl Males.	nthis F	is. Temales.		Pner Males.	umor F	nia. 'emales.		Bro Males.	nchi Fe	tis. males.
races.			maios.	,	e Ciliaros.								4 0=		0.04		1.96
All Races			$7 \cdot 31$		$9 \cdot 23$		$2 \cdot 54$		$3 \cdot 82$		$3 \cdot 93$		4.05	• •	0.84	• •	1.36
1111 10000	•																
Europeans			0.59		0.94		0.59				•		0.94		_		
Burghers		•	$7 \cdot 66$		$6 \cdot 44$		3:00		2.78		$3 \cdot 91$		$2 \cdot 20$		0.75		1.46
		• •				• •							3.63		1.17		1.12
Sinhalese		• •	_		8.35												1.39
Tamils			6.68		11.58		1.98							• •	7		
Moors			$5 \cdot 33$		10.23		1.82		$4 \cdot 36$		2.60				0.91		1.65
		• •			13.45		$5 \cdot 29$		5.54		$3 \cdot 17$		$5 \cdot 54$		$1 \cdot 77$		$2 \cdot 37$
Malays													6.50				6.50
\mathbf{Others}			13.03		20.80		5 180	• •	7.80	• •	0 00	• •	0 00	• •	0,01		- J - J - J

No. 27.—Pulmonary Dise	ases, 1902 to 1912.	All Races, De	ath-rate per l	,000 Population.
Year.	Phthisis.	Pneumonia.		Total Pulmonary.
1000	2.98	2.86	. 1.31	7.15

xear.			L Hullisis.		I Housinoines.	210110111020.	200	,
1902			2.98		2.86	 1.31		$7 \cdot 15$
1903	• •		$3 \cdot 18$		2.96	 1.26		7.40
1904	••		3.51		$2\cdot 53$	 1.33		$7 \cdot 40$
1905			$3 \cdot 56$		$3\cdot 24$	 1.30		8.10
1906			4.06		$3\cdot 65$	 $1 \cdot 37$		9.08
1907	••		$3 \cdot 79$		$3\cdot 22$	 1.03		8.04
1908	• •		3.70		4.15	 $1\cdot 27$		$9 \cdot 12$
1909	• •		4.13		4.09	 1.10		$9 \cdot 32$
1910	• •		$3 \cdot 13$		$3 \cdot 05$	 1.01		$7 \cdot 19$
1911	• •		2.96		4.02	 1.26		$8 \cdot 24$
IUII	• •	•						
Avera	ge, 1902 to 1911		3.48		3.40	 $1 \cdot 23$		8.11
21 010	50, 1002 00 1011	• •						
1912 (Crude)		3.14		$3 \cdot 90$	 0.97		8.01
1012 (Ordaoj	• •						
1912 (Corrected)		2.82		$3 \cdot 70$	 0.97		7.49
1312 (00110000047	••	<u>-</u>	• •				
Thereas	se or Decrease (Cr	ude)0:34		+0.50	-0.26		-0.10
LITOTORS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							

No. 28.—Mortality from Phthisis, 1902 to 1912. Rate of each Race per 1,000 Population.

Year.	A	Il Races.	\mathbf{E}_{1}	uropeans.	.]	Burghers.	Si	inhalese.		Tamils.		Moors.	IV.	Ialays.	C	thers.
1902		2.98						$3 \cdot 34$		$2 \cdot 97$		2.53		3.04		$2 \cdot 34$
1903		3.18						3.56		2.41		3.31		2.39		4.58
1904		$3 \cdot 51$		2.54		4.07		3.91				$3 \cdot 45$		3.50	• •	3.86
1905		3.56		2.51		2.74		4.07				3.50	• •	4.95	• •	4.56
1906		4.06		2:49				4.44		1		3.30	• •	4.05	• •	5.04
1907		3.79				3.00		$4\cdot 22$			• •	3.47	• •	5.77	• •	6.25
1908		$3 \cdot 70$		2.79				$4 \cdot 23$	• •		• •	3.46	• •	4.11	• •	4.63
1909		4.13				3.34	• •	4.34	• •		• •	4.40	• •	4.62	• •	4.34
1910		3.13	• •		• •	2.60	• •	$3 \cdot 27$	• •	3.09	• •	3.33	• •	2.24	• •	2.89
1911	• •	2.96	• •	1.33	• •	$2 \cdot 36$	• •	3.50	• •	2.65	• •	$3 \cdot 12$	• •	3.49	• •	2.66
Average, 1902–1911	• •	3.48	• •	1.98		3.02	• •	3.82		3.07	• •	3.36	• •	3.89	• •	4.00
1912 (Crude)		3.14	• •	0.32	• •	2.68	• •	3.68		2.48	• •	2.67	• •	5.10	• •	4.01
1912 (Corrected)	• •	2.82	• • -	0.32		2.61	• •	3.04	• •	2 · 43		2.62	• •	5.10	• •	3.85
Increase or Decrea	ase															*
(Crude)		-0.34	-	-1.66		-0.34	-	-0.14		-0.59	-	-0.69	-	F1.51	-	+0.01
(

No. 29.—Mortality from Pneumonia, 1902 to 1912. Rate of each Race per 1,000 Population.

Year.	A	ll Races.	E	uropeans	. I	Burghers.	S	inhalese.		Tamils.		Moors.	N	falays.	C	thers.
1902		2.86		1.11		1.58		2.51		$3 \cdot 96$		$2 \cdot 77$		1.95		$5 \cdot 54$
1903		2.96		0.36		$2 \cdot 14$		$3\cdot05$		$3\cdot 65$		$2 \cdot 21$		2.13		5.41.
1904		2.53		2.18		1.79		2.51		$2 \cdot 65$		$2 \cdot 40$		1.89		$5 \cdot 49$
1905		$3 \cdot 24$		0.71		$2 \cdot 10$		$3 \cdot 37$	٠.	3.88		2.68	• •	1.65		$5 \cdot 36$
1906		$3 \cdot 65$		1.77	• •	$2 \cdot 63$		$3 \cdot 52$		4.62		$3 \cdot 23$	• •	1.21		6.50
1907		$3 \cdot 22$		0.70	• •	$2 \cdot 13$		3.04		3.50		$3 \cdot 15$		2.98	• •	$4 \cdot 92$
1908		$4 \cdot 15$		1.39		$3 \cdot 29$		4.28		$4 \cdot 20$		3.80		3.91		$7 \cdot 22$
1909		$4 \cdot 09$	• •	0.68	• •	$3 \cdot 26$	• •	4.03		$5 \cdot 12$		3.29	• •	3.46	• •	4.16
1910		3.02		2.35		2.68		$2 \cdot 79$		3.91		2.75		2.81	• •	$3 \cdot 24$
1911	• •	4.02	• •	1.00	• •	$3 \cdot 24$	• •	3.42	٠.	5.76	• •	3.35	• •	3.68	• •	5.82
Average, 1902–1911	• •	3.40	• •	1.27	• •	2.48	• •	3.26	• •	4 · 22	• •	3.02	• •	2.56	• •	5.35
1912 (Crude)	• •	3.90	• •	1.27	• •	2.81	• •	3.87	• •	4.55	٠.	3.07	• •	4.22	• •	7.70
1912 (Corrected)	•••	3.70	• = •	0.32	••	2.75	••	3.55	• •	4.46	• •	3.02	• •	4.04	• •	7 · 22
Increase or Decrease		+0.50			-	+0.33		+0.61		+0.33		+0.05	-1	-1.66	-1	-2:35

No. 30.—Mortality from Bronchitis, 1902 to 1912. Rate of each Race per 1,000 Population.

Year.	A	ll Races.	Ει	ıropeans	. E	Burghers.	S	inhalese.		Tamils.		Moors.	I	Malays.	(thers.
1902		1:31		0.37		0.83		$1 \cdot 32$		1.07		1.93		1.08		1.06
1903		1.26				0.98		$1 \cdot 28$				1.65		0.64		1.24
1904		1.36		0.36		0.88		1.32				1.86		3.36	• •	0.40
1905		1.30		_		0.96	• •	1.18			• •	$2 \cdot 21$	• •	$2 \cdot 47$	• •	1.59
1906		1.37		_		$1 \cdot 12$		1.33			• •	1.73	• •	$2 \cdot 84$	• •	$2\cdot 52$
1907	• •	1.03		_	• •	0.47	• •	1.00			• •	1.43	• •	1.39	• •	0.94
1908		1.27		0.34	• •	$1 \cdot 02$	• •	$1 \cdot 39$	• •		• •	1.56	• •	1.17	• •	1.48
1909	• •	1.10	• •		• •	1.09	• •	1.10	• •		• •	1.22	• •	$2 \cdot 31$	• •	0.36
1910	• •	1.01	• •	1.02	• •	0.96	• •	0.95	• •		• •	1.20	• •	1.87	• •	0.34
1911		$1\cdot 26$		0.33		1.40	• •	1.50	• •	0.93	• •	$1 \cdot 76$	• •	$2 \cdot 39$	• •	1.00
Average, 1902-1911	• •	1.53	• •	0.25	• •	0.99	• •	$1 \cdot 21$	• •	1.00	• •	1.66	• •	1.94	• •	1.06
1912 (C rude)	• •	0.97	• •	_	• •	1.00	• •	1.06	• •	0.65	• •	1.12	• •	1.93	• •	1.59
1912 (Corrected)	• •	0.97	• •		• •	1.00	• •	1.06	• •	0.65	• •	1.12	• •	1.93	• •	$1 \cdot 29$
Increase or Decrea		0.00		0.05		1.0.04		0.75		0.00		0.74		0.07		1.0.00
(Grude)		-0.56		-0.25	-	+0.04	_	-0.15		-0.38	-	-0.54	_	-0.01	-	⊢ 0·23

No. 31.—All Diarrheal Diseases, 1902 to 1912. Death-rate of each Race per 1,000 Population.

Year.	A	ll Races.	Ει	uropeans.]	Burghers.	Si	inhalese.		Tamils.		Moors.	I	Malays.	(Others.
1902		6.64		7.42		4.98		6.15		10.11		4.50		$3 \cdot 91$		$7 \cdot 24$
1903		6.89		9.17				$7 \cdot 17$				4.94		6.40	• •	5.62
1904		$5 \cdot 32$		·				2.63			• •	4.48	• •	$7 \cdot 14$	• •	6.30
1905	• •	6.89	• •		• ,•		• •	$7 \cdot 33$	• •		• •	5.01	• •	5.77	• •	6.74
1906					• •		• •			10.98	• •	5.45	• •	5.46	• •	7.56
1907	• •				• •		• •	4.47	• •		• •	3.84	• •	2.58	• •	0.44
1908	• •	$5 \cdot 40$	• •			4.62	• •	6.32	• •		• •	2.90	• •	3.71	• •	6.66
1909	• •	4.78	• •				• •	4.94	• •		• •	2.93	• •	4.42	• •	$\frac{3.79}{1}$
1910	• •	4.19	• •		• •		• •	4.09	• •		• •	3.12	• •	3.36	• •	2.72
1911		4.57	• •	4.99	• •	$3 \cdot 25$	• •	3.76	• •	6.92	• •	3.28	• •	4.73	• •	3.16
Average, 1902-1911	. • •	5.76		5.82	• •	4.58	• •	5.81	••	7.45	• •	4.13	• •	4.83	• •	5.32
1912 (Crude)	• •	4.05	• •	2.86	• •	2 · 28	• •	3.69	• •	5.94	• •	3 · 28	• •	2.82	• •	4.33
1912 (Corrected)	• •	3.65	• •	0.95 .	•	2 · 21	• •	3.09	• •	5.58	• •	$\frac{3\cdot 25}{}$	• •	2.82	• •	4.02
Increase or Decrea (Crude)		<u>-1·71</u>	_	-2·96 		<u>-2·30</u>	-	-2·12 		<u>-1·51</u>	-	<u>-0.85</u>	_	<u>-2·01</u>		-0.99
															F 9/	ו חו

No. 32.—Diarrhocal Diseases, 1902 to 1912. All Races, Death-rate per 1,000 Population.

Year.			Diarrhœa and Enteritis.		Dysentery.		Total Diarrhœal.
			4.34		2:30		$6 \cdot 64$
1902	• •	• •	4.14		$2 \cdot 75$		6.89
1903	• •	• •	3.48		1.84		$5 \cdot 32$
1904	• •	• •		• •	2.68		6.89
1905	• •	• •	4:21	• •			7.85
1906			4.64	• •	$3 \cdot 21$	• •	5.11
1907			$3\cdot 47$	• •	$1 \cdot 64$	• •	5·4ú
1908			$3\cdot 75$	• •	1.65	• •	
1909			3.18		1.60		4.78
1910		, •	$2 \cdot 99$		$1\cdot 20$		4 · 19
1911			$3 \cdot 25$		$1 \cdot 32$		4.57
1911	• •	• •					
Average	e, 1902 – 1911	• •	3.79	• •	1.97	••	5.76
1912 (C	rude)	• •	${2\cdot 85}$		$\frac{1\cdot 20}{1\cdot 20}$	• •	4.05
1912 (C	orrected)		2.58		1.07		3.65
Increas	e or Decrease (C	rude)	<u>0·94</u>		-0.77		-1.71

No. 33.—Diarrhœa and Enteritis, 1902 to 1912. Death-rate of each Race per 1,000 Population.

\$7		Δ1	l Races	En	ropeans.	В	urghers.	Si	inhalese.		Tamils.		Moors.	M	Ialays.	O	thers.
Year.		231.	4.34	22 (4.	3.71				4.26		6.76		$2 \cdot 13$		3.04		3.83
1902	• •	• •	4 34	• •	3.30	• •	3.70		4.63		F . 0.0		$2 \cdot 34$		3.84	• •	$3 \cdot 33$
	• •	• •	3.48	• •	1.45		3.10	•	$3 \cdot 92$		3.13		$2 \cdot 97$	• •	$5 \cdot 04$	• •	3.66
	• •	• •	$4 \cdot 21$	• •	1.79		$4 \cdot 03$		4.84		4.79		2.43	• •	$3 \cdot 71$	• •	3.77
$\begin{array}{c} 1905 \\ 1906 \end{array}$	• •	• •	4.64		$2 \cdot 13$		4.08		4.86		$5 \cdot 94$		$3\cdot02$	• •	4.05	• •	3.68
1907	• •	• •	3.47		2.81		$1 \cdot 97$		$3 \cdot 23$		$5 \cdot 40$		$2 \cdot 71$	• •	0.59	• •	0.52
1908	• •		$3 \cdot 75$		1.74		$2 \cdot 87$		4.77		3.87		1.99	• •	2.54	• •	3.33
1000	.6 •		3.18		0.68		$2 \cdot 25$		$3 \cdot 57$		3.96	• •	1.91	• •	3.46	• •	2.71
1910			$2 \cdot 99$		2.69		2.83		$3 \cdot 15$			• •	1.95	• •	2.43	• •	1.53 2.33
1911			$3 \cdot 25$		2.66		2.73		$2 \cdot 91$		4.89	• •	2.18	• •	3.68	• •	
	ge, 1902-1911		3.79	• •	${2\cdot 36}$		3.23		4.11		4.66		2.45	• •	3 · 43	• •	3.06
1912 (Crude)		2.85	• •	$\frac{}{1\cdot 27}$	• •	$\overline{1\cdot 27}$		2 · 85	• •	4.08	• •	2.13	• •	2 · 29	••	1.92
1912 (Corrected)		2.58	••	0.63		1.27		2.42		3.80	• •	2 · 13	• •	2.29	• •	1.61
Increa	se or Decrease	·	_0.94		-1.09		<u>1·96</u>	-	<u>-1·26</u>		<u>-0.28</u>		<u>0·32</u>	-	-1.14	-	-1.14

No. 34.—Mortality from Dysentery, 1902-1912. Rate of each Race per 1,000 Population.

Year.	Al	l Races.	Ευ	ropeans	. B	urghers.	Si	inhalese		Tamils.		Moors.	Ŋ	Ialays.	U	thers.	•
		2.30		3.71		1.61		1.89		$3 \cdot 35$		$2 \cdot 37$		0.87	• •	3.41	
1902	• •	$2 \cdot 75$	• •	5.87	• •	1.89		2.55		$3 \cdot 39$		2.60		$2 \cdot 56$		$2 \cdot 29$	
1903	• •	1.84		4.72	• •	1.87		$1 \cdot 71$		2.01		1.51		2.10		2.64	
1904	• •	2.68	• •	3.59	• •	2.01		$2 \cdot 49$		$3 \cdot 31$		2.58		2.06	• •	$2 \cdot 97$	
1905	• •	$3 \cdot 21$		5.33		1.51		2.83		$5 \cdot 04$		$2 \cdot 43$		1.41		3.88	
1906	• •	1.64	• •	$\frac{3}{2} \cdot 81$	• •	$1 \cdot 34$	• •	$1 \cdot 24$				1.13		1.59		0.22	
1907	• •			4.18	• •	1.80	• •	1.55	•	2.04		0.91		$1 \cdot 17$		$3 \cdot 33$	
1908	• •	1.65 1.60	• •	3.10	• •	1.40	• •	$1 \cdot 37$	• •	2.54		1.02		0.96'		1.08	
1909	• •	$1 \cdot 20$	• •	1.01	• •	0.29	• •	0.94		2.01		1.17		0.93		1 · 19	
1910	• •		• •	$2 \cdot 33$	• •	0.52	• •	0.85		$2 \cdot 03$		1 10		0.55		0.83	
1911	• •	1.32	• •		• •	0 02	• •		• •								
Average, 1902–1911		1.97		3 · 46		1.35	• •	1.70	• •	2.79	• •	1.68	• •	1 · 40	• * •	2.26	
1912 (Crude)		$\frac{}{1\cdot 20}$		${1\cdot 59}$		$\overline{1\cdot 01}$		0.84		1.86		1.15	• •	0.23		2.41	
								0.05		1.70		1.10		0.52		2.41	
1912 (Corrected)		1.07		0.35	• •	0.94	• •	0.67	• •	1.78	• •	$1 \cdot 12$	• •	0.23	• •	41	
					•												
Increase or Decre						0.04		0.00		-0.93		<u>-0.53</u>		-0.87		-0.15	
(Crude)		-0.77	_	-1.87	_	-0.34		-0.86	-	<u> </u>		 0-55		-0 01			

No. 35.—All Fevers, 1902-1912. Death-rate of each Race per 1,000 Population.

Year.	A	All Races.	Europeans	. Bur	ghers.	Sinhalese.		Tamils.		Moors.	N	Ialays.	(Others.
1902		2.73	4.45	2	·15	2.80		$2 \cdot 43$		$2 \cdot 42$		5.64		3 · 60
1903		3.00	2.55	$\dots 2$	•30	$3 \cdot 65$		$2 \cdot 13$		$2 \cdot 59$		$5 \cdot 32$		2.07
1904		2:10	2.90	1	•54	$2 \cdot 55$		$1 \cdot 32$		$2 \cdot 27$		4.62		4.86
1905		2.01	2:13	1	89	$2 \cdot 35$		1.61		1.65		2.88		$2 \cdot 37$
1906		3.28	7:11	3	•33	$4 \cdot 26$		1.93		1.97		$4 \cdot 44$		4.84
1907		2.53 .	$4 \cdot 22$	$\dots 2$	•52	3.01		1.47		$2 \cdot 15$		$3 \cdot 96$		$4 \cdot 72$
1908		$2\cdot 72$	8.70	3	·27	3.55		1.42		1.69		$3 \cdot 50$		2.40
1909		2.10	1.72	$\dots 2$.02	2.63		1.60		$1 \cdot 70$		1.72		1.98
1910		1.69	4:38	2	•38	$2 \cdot 00$		0.98		1.17		2.98		$2 \cdot 38$
1911		$2 \cdot 29$.	2.99	$\dots 2$. 66	$2\cdot 67$		$1 \cdot 77$		1.81		$3 \cdot 12$		1.99
				_										
Average, 1902-1911	• •	2.41	4.16	$\dots 2$.38	$2 \cdot 91$	• •	1.64	• •	1.83	• •	$3 \cdot 74$	• •	3.05
1010 (0 1)				_	~~~									
1912 (Crude)	• •	1.45	2.86	1	.81	1.68	• •	1.11	• •	0.98	• •	1.58	• •	2.40
1010 (Commoded)		1.20	1.50	1	. = 4	1.44		1.00			·	1 50		
1912 (Corrected)	• •	$1 \cdot 30$	1.58	1	•54	1.44	• •	1.08	• •	0.95	• •	1.28	• •	2.09
Increase or Decrea	380													
(Crude)		-0 · 96	-1.30	0	• 57	-1.23		 0 · 53		-0.85		$-2 \cdot 16$		0.65
(Orado)	• •									-0 60		-2 10		-0.65

No. 36.—All Fevers, 1902 to 1912. Death-rate of each Ward per 1,000 Population.

Year.	Colombo Town.	Fort and Galle Face.	Pettah.	San Sebastian.	St. Paul's.	Kotahena.	New Bazaar.	Maradana.	Slave Island.	Kollupitiya.	Eastward Extension.	Wellawatta Extension.
1902 1903 1904 1905 1906 1907 1908 1909 1910	3·00 2·10 2·01 3·28 2·53 2·72 2·10 1·69	$\begin{array}{c} 0 \cdot 39 \\ 1 \cdot 51 \\ 0 \cdot 36 \\ 1 \cdot 74 \\ \\ 0 \cdot 63 \\ 0 \cdot 30 \\ 0 \cdot 60 \\ \end{array}$	1·57 1·69 0·51 1·16 0·77 1·15 0·38 0·75 1·07 1·63	$\begin{array}{c} 1 \cdot 24 \\ 1 \cdot 52 \\ 1 \cdot 39 \\ 0 \cdot 87 \\ 2 \cdot 39 \\ 2 \cdot 34 \\ 1 \cdot 56 \\ 1 \cdot 43 \\ 0 \cdot 90 \\ 2 \cdot 15 \end{array}$	$\begin{array}{c}$	2:89 3:58 3:79 1:70 2:45 2:33 1:45 1:68 1:77 2:08	2·27 2·75 1·79 2·00 2·41 1·91 1·91 1·54 1·14	1:91 1:57 0:93 1:26 2:41 2:48 1:89 1:28 1:08	$\begin{array}{c}$	1:52 2:08 0:78 1:38 2:63 1:07 2:78 0:96 1:72 1:11		
Average, 1902–1911 . 1912 (Crude) . 1912 (Corrected) .	2.41	1.02		1 · 62	1.86	2 · 33	1 · 90	1 · 57	$\begin{array}{c} 2 \cdot 59 \\ \hline 0 \cdot 92 \\ \hline \end{array}$	1.59	0.36	0.40
Increase or Decrease (Crude)		0.74		- 0.11	-1.16	-0.95	_1.12	<u>-0.64</u>	—1·67	—1·13	-0.01	

No. 37.—Fevers, 1902-1912. All Races Death-rate per 1,000 Population.

Year.	•	Enter	ric Feve	Si or. Il	mple an l-defined Fever.	4 L	emittent Fever.	In	termitte F e ver.	ent A	All Fevers.
1902	••		0.56		1.14		1.03				2.73
1903			0.59		$1 \cdot 30$		1.10		0.01		3.00
1904			0.54		0.57		0.97		0.02		2.10
1905			0.78		0.28		0.94		0.05		2.01
1906			1.50		0.80		0.97		0.05		3.28
1907			1.66		0.26		0.60		0.05		2.53
1908			$2 \cdot 29$		$0 \cdot 17$		0.26				$2 \cdot 72$
1909			1.65		0.19		0.25		0.01		2.10
1910			$1 \cdot 32$		0.14		0.23				1.69
1911	• •		1.85		0.21		0.23		—		$2 \cdot 29$
Average	, 1902–1911		1 · 31	• •	0 · 47	• •	0.62		0.01	• •	2.41
1912 (Cr	rude)		1 · 10		0.10		0.25			• •	1.45
1912 (Cd	orrected)	• •	0.96	• •	0.10	• •	$\overline{0\cdot 24}$	• •			1.30
Increase	or Decrease (Crude)—	-0.21	-	-0.37	-	-0:37	-	_0·01	_	-0.96

No. 38.—Fevers, 1912. Cases notified by Wards.

Ward.		A. Enteri Fever		B. Continue Fever.	d	C. Total of A and B.	A	D. Case-rate of per 1,000 Population.	C	E. se-rate of per 1,000 opulation.	:	F. ath-rate from Fevers.
Fort and Galle Face		4				4		1.10		1.10		0.55
Pettah		1		_		1		0.12		0.12		1 · 46
San Sebastian		29		3		32		$2 \cdot 43$		2.68	• •	1.68
St. Paul's		38		10		48		1 · 49		1.88	~	0.85
Kotahena		109		17		126		$2 \cdot 60$		$3 \cdot 00$		1.48
New Bazaar		44		7		51		1 · 91		$2 \cdot 21$		$1 \cdot 34$
Maradana		115		11		126		$2 \cdot 54$		$2 \cdot 79$		1.55
Slave Island		46		18		64		$2 \cdot 02$		$2 \cdot 82$		1.14
Kollupitiya		43		29		72		1.66		$2 \cdot 78$		0.88
Eastward Extension		18		6		24		$1 \cdot 60$		2.13		1.06
Wellawatta Extension	• •	28		4		32		3.73	• •	4.27	• •	0.23
Colombo Town		475		105		580		$\phantom{00000000000000000000000000000000000$		$\phantom{00000000000000000000000000000000000$		$1\cdot30$
	• •	6		-		6	• •					
Port Ontside Limits	• •	49	• •	2	• •	51						
	• •	91	• •	6		97	• •			_		_
Untraced	• •	91	• •		• •		• •					
Grand Total	• •	621		113		734				•		

No. 39.—Fevers, 1903-1912. Cases notified.

Year.		Er	nteric Fever.	Sim	ole Continu Fever.	ıed	All Fevers.
1903	• •		262				262
1904	• •		303				303
1905	• •		454	• •	25		479
1906	• •		948		42		990
1907	• •		946		121		1,067
1908	• •		1,370	• •	251		1,621
1909	• •	• •	794		119		913
1910	• •	• •	876	• •	79		955
1911	• •		1,149		71		1,220
Average, 1903-1911	• •		789		79		868
•							
1912			621		113		734

N.B.—This Table includes Port, Outside, and Untraced Cases.

No. 40.—Fevers, 1912. Cases notified by Races.

Rac	9.	Ent	eric Feve	r. (Continued Fever.	All Fevers.	Case	e-rate per 1,000 Population.
All Races	• •	• •	621	• •	113	 734		$3 \cdot 23$
Europeans	• •		29		1	 30		$9 \cdot 49$
Burghers	• •		97		16	 113		7 · 57
Sinhalese	• •		337		67	 404		$3 \cdot 97$
Tamils	• •		70		14	 84		$1 \cdot 52$
Moors	• •	070	56		7	 63		1.57
Malays	• •	•:•	10		5	 15		$2\cdot 64$
Others	•.•		22		3	 25		$4 \cdot 01$

N.B.—This Table includes Port, Outside, and Untraced Cases.

No. 41.—Enteric Fever, 1902-1912. Death-rate of each Ward per 1,000 Population.

Year.	Colombo Town.	Fort.	Pettah.	San Sebastian,	St. Paul's.	Kotahena.	New Bazaar.	Maradana.	Slave Island.	Kollupitiya.	Eastern Extension.	Wellawatta Extension.
1902	0.56	2.06	0.31	$0 \cdot 10$	$0\cdot 24$	0.46	$0\cdot 27$	$0 \cdot 28$	$0\cdot 22$	0.31		
1902	0.59		— JI		0.14				0.27	0.30		_
1904	0.54	0.37		0.19		0.33	0.15		0.32	0.14		
1905	0.78		0.26		0.18	0.68	0.30		0.68	0.85		
1906	1.50	1.04		0.57	0.26	$1 \cdot 24$			0.61	0.97		
1907	1.66		$0\cdot 25$	$1 \cdot 21$	0.95		0.73	1.90	0.80	0.62		_
1908 ,.	2.29	$0 \cdot 32$	0.38	$1 \cdot 19$	$1 \cdot 27$	1.04	1.62	1.59	$1 \cdot 56$	2.30		_
1909 ,.	1.65		0.50	$1 \cdot 34$	$1 \cdot 21$	1.07	1.44	1.11	0.80			_
1910	$1 \cdot 32$	0 • 60	1.07	0.87	$1 \cdot 27$	1 · 33	0.86	0.77	0.64			_
1911	1.85	0.56	1.38	1.89	2.85	1 · 94	1 · 47	0.68	0.58	0.36	0 · 27	—
Average, 1902-1911	1 · 31	0.54	0.38	0.80	0.87	1 · 01	0.75	0.89	0.66	0.80	0 · 27	
1912 (Crude)	1.10			1.01	0.43	1.31	0.56	0.66	0 · 39	0.19	0.26	0.26
1912 (Corrected)	0.96	0.28	0.61	0.17	0.51	1 · 38	1.04	1.24	0.62	0.54	0.80	0.40
Increase or Decrease												
(Crude)	-0.21	-0.54	-0.38	+0.21	-0.44	+0.30	-0.19	-0.23	-0.27	-0.61	-0.01	

No. 42	2.—Enteric Fever,	1902–1912.	Death-rate of	each	Race per	1,000 Population.
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Year.	Al	l Races.	E	ropean	s.	Burgher	s.	Sinhale	se.	Tamils.		Moors.	•	Malays.	0	thers.
1902		0.56		3.71		1:16		0.62		.0.27		0.13		0.21		1.70
1903		0.59		1.46		1.07		0.96		~ ~ -		0.13		0.42		0.41
1904		0.54		2.54		1.06		0.67		0.12		0.92		0.63		2.03
1905		0.78		1.43		0.96		1.12		0.59		0.40		1.03		0.99
1906		1.50		5.69		2.23		2.14		0.61		0.21		1.21		1.94
1907		1.66		3.87		1.90		2.50		0.68		1:34		1.19	• •	2.84
1908	• •	$2 \cdot 29$		8.01		3.02	• •	3.08		1.10		1.33		1.95		2.03
1909		1.65		1.38		1.71		$2\cdot 20$		1.06		1.41		0.99		0.90
1910		1.35		3.71		2.01		1.62				0.00		1.15		2.04
1911		1.82		$2 \cdot 33$		2.51		$2 \cdot 26$		$1\cdot 29$		1.48		1.10		1.86
Average, 1902-1911	• •	1.31	• •	3.42	• •	1.78	• •	1.72	• •	0.65	• •	0.81	• •	1.02	• •	1.69
$1912~(\mathrm{Crud}_{\Theta})$		1.10	• •	2.86		1.67		$1 \cdot 32$		0.74	• •	0.70		0.32	• •	1.60
1912 (Corrected)	• •	0.96	• •	1.58	• •	1.41	• •	1.12		$\overline{0\cdot 72}$		0.67		0.32	• •	1.44
Increase or Decre	990															
		-0.21	_	-0.56		-0.11	-	-0.40		+0.09	-	-0.11	-	-0.67	-	-0.09

No. 43.—Enteric Cases reported during 1912. (Inclusive of Cases from the Port and Outside Limits.)

Distribution by Race, Age, and Sex.

Race.	Sex.	0 to 5 Years.	5 Years to 10 Years.	10 Years to 15 Years.	15 Years to 20 Years.	20 Years to 25 Years.	25 Years to 30 Years.	30 Years to 35 Years.	30 Years to 40 Years.	40 Years to 50 Years.	50 Years to 60 Years.	60 Years and over.	All Ages.	Total of each Race.	Case-rate per 1,000 Population.	Deaths.	Case Mortality per Cent.	Mortality per 1,000 Population.
All Races .	Males Females	23 16	22 29	50 40	60 47	75 39	46 36	32 11	8	$\frac{22}{14}$	11 3	9 5	373 248	621	$2 \cdot 74$	249	40.1	1.10
Europeans	Males Females	_	_	1	$\frac{1}{2}$	$\frac{3}{2}$	5 1	$\frac{4}{1}$	3	3 1	_1		$\frac{21}{8}$	29	9.18	9	31.0	2.85
Burghers .	Males Females	4	7	7 6	$\begin{array}{c} 7 \\ 12 \end{array}$	6 9	5 4	5 3	$\frac{3}{2}$	$\frac{3}{2}$	_		47 50	$\left. ight\}$ 97	6.	25	$25 \cdot 8$	1.67
Sinhalese .	Males Females	14 11	$\begin{array}{c} 12 \\ 17 \end{array}$	$\begin{array}{c} 29 \\ 28 \end{array}$	37 30	$\begin{array}{c} 36 \\ 21 \end{array}$		14 5	10	7 9	6 3	5 2	184		3 · 31	134	39 · 8	1.32
Tamils	Males Females	1	1	5	7	14 3	$\frac{12}{6}$	2	4	4 1,	3	$\frac{2}{2}$	55 15		1.27	41	$58 \cdot 6$	0.74
Moors	Males Females	3	$\frac{2}{3}$	1 5 4	$\frac{5}{2}$	7 3	5 1	5 1	$\frac{2}{1}$	4	1]	40 16		1 · 40	28	$50 \cdot 0$	0.70
Malays	Males Females	_1	-	2	-1	1	$ - _2$		_1		_	_	5 5	10	1.76	2	20.0	$0 \cdot 35$
Others	Males Females	=		_1	3	8	6 	2 1		_1	=	_	21	$\stackrel{\prime}{ m }$ 22	3.53	10	45 • 4	1 · 61

	No. 4	.—Simpl	e a	nd Ill-de	fine	ed Fever	, 1	902 - 191	2.	Death-r	ate	of each	Rac	e per 1,	,000	Popula	tion	1.
Year.		-		All Races.								Tamils.		Moors.		Malays		Others.
1902				1.14		0.37		0.58		1.14		0.98		1.13		4:35		1.27
1903				$1 \cdot 30$		0.36		0.74		1.68		0.08		0.81		3.84		0.65
1904	r			0.57		_		0.24		0.70		0.28		0.20		2.31		0.81
1905				0.28		0.32		0.24		0.25		0.27		0.27		1.03	• •	0.30
1906				0.80		$1 \cdot 42$		0.79		1.02		0.61		0.41		1.41		0.77
1907				0.26				0.23		0.25		0.50		0.50		1.79		0.26
1908		•		0.17				0.07		0.28		0.04		0.02		0.97		
1909				0.19		_		0.31		0.19		0.53		0.08		0.19		0.36
1910				0.14				0.37	٠.	1.13		0.11		0.19		0.37		0.17
1911	,			0.21		0.33				0.26		0.25		0.07 .		0.55		
	1					 												
Avei	age. I	902-1911		0.47		0.35		0.35		0.55		0.37		0.34		1.54		0.44
	(Crud			0.10						0.12		0.02		0.08		0.18	• •	_
		ected)}	• •															
		Decrease		-0.37	_	-0.35		-0.35		-0.40		-0.32	_	-0.26	-	-1.36	-	-0.44
				,														

	No. 45.—]	Rem:	ittent F	'eve	r, 1902	to]	1912.	Deat	h-rate (of ea	ach Rac	е ре	r 1,000	Pop	ulation.		
Year.			ll Races.				Burgher		inhales		Tamils.		Moors.		Malays.		thers.
1902			1.03		0.37		0.41		1.04		1.18		1.16		1.08		0.63
1903		, .	1.10		0.73		0.49	• •	0.99				1.65	• •	1.06	• •	1.04
1904			0.97	• •	0.36	• •		• •	1.17	• •		• •	0.82	• •	1.68	• •	1.62
1905	•	• •	0.94	• •	0.32	• •	0.48	• •	0.97	• •		• •	0.98	• •	0.82 1.82	• •	0.99 2.13
1906	•	• •	0.97	• •	0.25	• •	0.31	• •	$1.09 \\ 0.59$	• •	2 - 2	• •	$\begin{array}{c} 1 \cdot 05 \\ 0 \cdot 61 \end{array}$	• •	0.79	• •	$1 \cdot 32$
1907		• •	0.60 0.26	• •	0.35 0.69	• •	A 1 W		0.19	• •	0 00	• •	0.31	• •	0.58	• •	0.37
1908 . 1909 .		• •	0.25	• •	0.34	• •	— ·	• •	0.23	• •	0.01	• •	0.19		0.57	• •	0.72
1910 .		• •	0.23		0.67		_	• •	0.25		0.19		0.08		1.49		0.17
1911 .			0.23		0.33		0.15		0.15		0.23		0.26		$1 \cdot 47$	• •	0.33
										*					1 10		0.00
Average,	1902–1911	• •	0.62	• •	0.42	• •	0.25	• •	0.63	• •	0.61	• •	0.68	• •	1.16	• •	0.86
1912 (Cru	rde)		${0.25}$				0.13		$\frac{-}{0.21}$		0.31		0.20		1.05		0.80
1912 (Ort	idej	• •		••		••		•									
1912 (Con	rected)	• •	0.24	• •			0.13	• •	0.17		0.31		0.50	• • •	1.05	• •	0.65
T	The The same																
Increase (Crude	or Decre)		-0.37	_	-0.42	-	-0.12	_	-0.42		-0.30	_	-0.48	-	-0.11	_	-0.06
•																	

	No. 46.—Simple	e Continuea Feve	er, 1914.	Cases repor	rieu.	
Race.	•			Cases.	C	ase-rate per 1,000 Population.
All Races	• •	•• -	• •	113	• •	0.49
Europeans	• •			1	• •	0.32
Burghers	• •			16	• •	1.07
Sinhalese	• •	• •	• •	67		0.66
Tamils	• •	• •		14		0.525
Moors		• •		7	• •	0.17
Malays	• •	• •		5		0.88
Others	• •	• •	• •	3	• •	0.48

No. 47.—Infectious Diseases,	1912.	Cases reported during each Month.	(Exclusive of
		and Outside Cases.)	

Dis	sease.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total for the Year.	Case-rate per 1,000 Population.
Plague Cholera Smallpox Chickenpox Measles Diphtheria Acute diarrhæa Enteric fever Continued fever Phthisis		38 45 1 78	32 1 73 11	59 1 1 68 7	69 — 49 9	75 1 — 57 5	93 — 31 8	$\begin{bmatrix} 42\\-1\\35\end{bmatrix}$	- - 11 59 1 - 30 13 71	 35 5	16 35 5 2 39 7 64	$ \begin{array}{c} 27 \\ -2 \\ 29 \\ 13 \end{array} $	- - 17 33 - 53 15 48		$0.04 \\ 0.03 \\ 2.54 \\ 0.49$

No. 48.—Infectious Diseases, 1912. Cases reported from Port and Outside Limits.

Disease.			Port.		Outside.		Total.
Plague	• •	• •					
Cholera			1				1
Smallpox		• •	1		1	•••	2
Chickenpox			7		46		53
Measles			2		15		17
Diphtheria					3		3
Acute diarrhœa							
Enteric fever			6		38		44
Continued fever				• •	2		2
Phthisis			6		94	• •	100
					Total		222

No. 49.—Cholera Cases reported, 1903-1912.

Year.			Cases reported.	_	Case-rate per 1,000 Population.	Cas	rt and Outside es not included in Case-rate.
1903			1		0.006		
1904			- 1		0.006		3
1905	• •				_		********
1906	• •		1		0.005		3
1907			29	• •	0.158		2
1908			30	• (0.160		1
1909		• •					
1910	• •	• •	1	• •	0.005		8
1911		• •	19		0.089		2
					-		4
Average,	1903-1911	• •	9		0.047		2
1912	• •	• •	_	• •			1
		•					
Increase	or Decrease		9		0.047		-1

No. 50.—Mortality from Cholera, 1902-1912.

Year.	2111				Deaths.		Rate per 1,000 Population.
1902					2		0.011
1903	• •			• •	_		
1904					1	• •	0.005
1905				• •			
1906	• •			• •	-2	• •	0.010
1907	• •				19		0.104
1908	• •			• •	22		0.117
1909	• •						<u>.)</u>)]
1910	• •			• •			_ `
1911	• •	• •		• •	19	• •	0.089
Average, 190	2-1911	,		• •	7	#10	0.034
1912	• •	• •	\$ X	• •	_		
,							
Increase or I	ecrease	• •		• •	—7		·0·034

No. 51.—Smallpox Cases reported, 1903–1912.

Year.			ases reporte from Town.	Case-rate per 1,000 Population.	Cas	ort and Outside ses not included in Case-rate.
1903	• •		7	 0.040		6
1904	• •		1	 0.002		3~
1905	• •		45	 $0\cdot 259$		9
1906			40	 0.224		26'
1907			49	 0.267		10
1908			438	 $2 \cdot 330$		7
1909			78	 0.405		25
1910			69	 0.331		18
1911			36	 0.168		29
Average, 190	3-1911		85	 $0\cdot 225$		15
1912		• •		 	• •	2
Decrease			85	$0\cdot 225$		13

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No. 52.—Mortality from Smallpox, 1902–1912.

Year.		·	•	Deaths.	D	eath-rate per 1,000 Population.
1902	• •			27		0.169
1903				1		0.002
1904				1		0.002
1905				17		0.088
1906				11		$0 \cdot 062$
1907				8		$0 \cdot 042$
1908				88		0.489
1909				27		0.140
1910				20		0.096
1911	• •			4.		0.019
						
Average, 1	1902–1911			20		0.111
1912	• •					
Increase of	r Decrease	• •		20		0 ·111

No. 53.—Vaccinations performed during the Year 1912.

Ward.		Primary Vaccinations.	Re-vaccination	ons.	Total.	
Fort and Galle Pettah San Sebastian	}	 1,232		655		1,887
St. Paul's	••	 1,300		585	• •	1,885
Kotahena New Bazaar	• •	 $\begin{array}{c} 862 \\ 608 \end{array}$	• •	$\begin{array}{c} 248 \\ 255 \end{array}$	• •	1,110 863
Maradana Slave Island		 1,111 641		$\begin{array}{c} 218 \\ 181 \end{array}$		$\begin{array}{c} 1,329 \\ 822 \end{array}$
Kollupitiya	• •	 661 579	• ;	262	• •	923 631
Eastward Extended Itinerating (Co		 839	• •	307	• •	1,146
	Colombo Town	 7,833		2,763	4	10,596

No. 54.—Chickenpox, 1903–1912.

	210. 02.	0111011011170111, 100	, .	~~	
Year.		Cases reported.		Case rate per 1,000 Population.	Deaths.
1903		230		1 · 391	1
1904		274		1.615	
1905		398		2.287	2
1906		231		1.294	
1907		259		1.414	2
1908		543		2.889	
1909		828		4.294	
1910		901		4:320	
1911		934		4.365	1
Average, 1903-1911		511		$2 \cdot 652$	1
1912		427		1.881	
Increase or Decrease		-84		0.771	1

No. 55.—Measles, 1903–1912.

Year.			Cases reported.	1,	Case-rate per 000 Population		Deaths.		
1903	• •		119		0.720				
1904			278		$1 \cdot 639$	• •	5		
1905			397		2.281	• •	16		
1906			354		1.983		4		
1907			74		0.404		— _		
1908	• •		666		$3 \cdot 544$		7		
1909	• •		436		$2 \cdot 261$	• •	11		
1910	• •		149		0.714		4		
1911	• •		330		$1\cdot 542$		4		
Average, 1	903-1911	• •	311		1.676	• •	6		
1912			643		$.2 \cdot 832$		11		
Increase or	Decrease		+332		+1.156		+0.5		

No. 56.—Diphtheria, 1903–1912.

Year.			Cases reported.	1,	Case-rate per ,000 Populatio	on.	Deaths.
1903							_
1904			6		0.035		4
1905		• •	2		0.012		_
1906	• •		10		0.056	• •	1
1907	• •	• •	13		0.077		4
1908	• •		7	٠	0.037		4
1909	• •		8		0.041		2
1910		• •	18		0.086		4
1911			12	• •	0.056	• •	4
Average, 19	903-1911		8		0.044		3
1912			10	• •	0.045		5
Increase or	Decrease		+2		+0.001		+0.2
			-				

No. 57.—Acute Diarrhœa and Cholera, 1908-1912 (exclusive of Cases from the Port).

		1	908.				1909).			1910				1911	•		1	912.	
Month.	D:	Acute a rr hæ	e C	holera	a. D	Acute	9 (Chole	ra. D	Acut iarrh	θ me	Chole	ca. D	Acute	9 (Choler	a. D	Acut iarrho	e C	holera.
	יר	attic			10	LCJI III	ca.			101111	wa.		ע	101111	ca,		ע	101111	ca.	
January'	• •	3		1		1		_	• •	_				2						
February		2	• •	1		1	• •	•												
March	• •	6	• •	1		-		-							• •			1	• •	
April		12	• •	3		1	• •				• •									
May		10	• • •	1		2				3	• •			1	• •	5				
June		16	• •	_		1		_	• •	1			• •	5	• •	11			• •	
July		9		3			• •			1		1		4		3		1	• •	****
August		1	• •	3	• •	—	• •			1	• •					_	• •			
September	• •	_	• •	1	• •	3				_	• •	_					• •			
October	• •	4	• •				• •	—		2		_	• •	1	• •		• •	2		
November	• •	16	• •	12		1	• •			_			• •	2	• •			2		
December		6	• •	4		1	• •	—	• •	3	• •		• •	4	• •		• •		• •	-
	_		_		-		_		-				-		-		-			
Total of each Dise	ase	85		30		11				11		1		19		19		6		_
										_				_				_		
Total	• •		115				11				12				38				6	

No. 58.—Unwholesome Food Stuffs condemned, 1912.

•	•		Cwt.	qr. lb.				Cwt.	qr. 1b.
Beef			1	0 14	Sweets			0	3 13
Mutton			0	1 3	Cabin biscuits			0	$0 \ 21\frac{1}{2}$
Salt beef		• •	1	1 10	Oranges		• •	0	$0 8\frac{1}{2}$
Fresh fish			0	3 10	Apples	• •		0	0 5
Dry fish			4	3 5	Citron			0	0 2
Tinned fish			0	$0 1\frac{1}{4}$	Sour olives			0	0 2
Tinned meat			0	0 18	Potatoes		• •	0	1 22
Tinned jam			0	0 26	Apples			0	1 24
Maldive fish			0	0 4	Bread		• •	0	0 11
Onions			30	0 0	Chocolates		• •	0	0 $\frac{1}{4}$

No. 59.—Food Stuffs condemned at the Customs.

1,147 bags of rice 13 bags cured fish 13 bags of dry fish 423 bags of potatoes

423 bags of potatoes

No. 60.—Slaughter-house Returns, 1912. Dematagoda Slaughter-house.

Animals slaughtered.

Quarter.		Cattle.	Sh	eep and Goa	ts.	Pigs.
First Quarter		5,649		18,071		362
Second Quarter		6.329		20,288		436
Third Quarter		6,525		23,264		435
Fourth Quarter		6,326	• •	23,076	• •	453.
	Total	24,829		84,699		1,686
						7

Return of Cattle Rejected.

				Indian. Ceylon.						Cause.			
				Black.	Buffalo.	Black.	Buffalo.	Wasted.	Abscess and Sores.	Rheu- matism.	Fever.	Skin Disease.	Total.
First Quarter Second Quarter Third Quarter Fourth Quarter	• •		• •	243 670 465 388	35 52 44 26	37 28 16 28	70 52 49 39	373 795 564 476	8 5 5 4	_ _ _ 1	3 1 1	1 1 4	385 802 574 481
		Total		1,766	157	109	210	2,208	22	1	5	6	2,242

Return of Goats and Sheep Rejected.

	4	Retur	n of G			reex			•			
		First uarte	r.	Sec. Qua				hird arter.		Fourth Quarter.		Total.
Indian ·		2			1			6		8	• •	17
Cause—												
Dying	• •			_	_			5		3	• •	8
Emaciated		2			1			1		4	• •	8
Dead			• •	-	_	• •			• •	1	• •	1
								7. 4	· 1	forma d	5.co	
No. 61.—	-Carcases		ers, & First		ndem econd	ned	l, an	a An Thi r d		Fourth		
			uarter.		arter.		(Quarte		Quarter.	т	otal.
Number of Carcases and Nature of Di												
Cattle—			0.1		2 ~ 1			163		171		571
Cysticercus		• •	$8\frac{1}{2}$	• •	151		• •	$15\frac{3}{4}$ 18	• •	$\begin{array}{c} 17\frac{1}{2} \\ 22 \end{array}$	• •	57 <u>‡</u> 75
Sarcosystis		i.i.	21	• •	14	•	•	10	• •	22	• •	10
Fatty degene congestion												
kidneys	OT HAGE	illa			_					1		1
Kidiloys		••		•								
	Total		$29\frac{1}{2}$		$29\frac{1}{2}$			$33\frac{3}{4}$		$41\frac{1}{2}$		$138\frac{1}{4}$
Pigs—												
Septic poison	ning									1	• •	1
Cysticercus							• •	3			• •	3
•		-		-			-					4
	Total	• •			—			3		1		4
Sheep and Goa	ts-	_		•			-					
Jaundice		• •		• •			• •	1		_	• •	1
	m-4-1	-		-								1
	Total	. 1 *					_					
Number of Andead*—	imals to	und										
Cattle		• •	2		1		• •		• •		• •	$\frac{3}{2}$
Pigs		• •	1	• •			• •	1.4	• •	$\frac{1}{3}$	• •	31
Sheep and g	oats	• •	7	• •	7		••	14	• •		• •	
	Total	••	10		8			14		4		36
Number of	Livers,	&c.,		•			-					
${f d}$ iseased $-$								7.00		101		HC A
Cattle		• •	180	• •	223		• •	180	• •	. 181	• •	$\begin{array}{c} 764 \\ 3 \end{array}$
Sheep and g	oats	• •	2	• •	1		• •	 175	• •	168	• •	73 8
Hydatids		•••	178	• •	217 1		• •	4	• •	A	• •	13
Cysticonaus		• •	4	• •	5		• •	1	•	c		12
Cysticercus Flukes		• •		• •	i					9		4
L'IULCS.,												
	Total		364		448			3 60		362		1,534

^{*} For causes of deaths see statement following.

	No. 62	—Causes of	Deaths of Animals.		
Cattle.		Number.	Sheep and Goats.		Number.
Congestion of liver		1	Gastritis	• •	7
Congestion of lungs		1	Rupture of spleen	• •	5
Injured		1	Inflammation of the lungs	• •) 9 7
			Congestion of liver	• •	4
	Total	3	Septic poisoning	• •	ī
Pigs.			Fatty degeneration of heart	• •	1
Exhaustion		1	Injured	• •	5
Injured	••	1	Total		31
	Total	2			

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No. 63.—Registration of Dairies, 1912.

Ward.		Number of Register at previous	end	Number discontinue during 1913	ed	New Registrations during 1912.		Total on Register at end of 1912.
Fort		_	• •		• •			
Pettah	• •	_						
San Sebastian		_	• •			_		
St. Paul's	• •	8		1		1		8
Kotahena		2						2
New Bazaar		2	• •				• •	2
Maradana		8		4	• •	2		6
Slave Island	• •	2		1	• •	2		3
Kollupitiya		12		2		- 3		13
Eastward Extension	• •	4		1	• •	1		4
Wellawatta Extension	• •		• •		• •	1	• •	1
Total		38		9		10		39

No. 64.—Registration of Bakeries, 1912.

Ward.		Number of Register at of previous Y	end	Number discontinue during 1912		New Registratio during 191	ns 2.	Total on Register at end of 1912.
Fort		6		1	• •		• •	5
Pettah		4		_				4
San Sebastian		4						4
St. Paul's		4	1			4		8
Kotahena		11		1		1		11
New Bazaar	٠.	3	• •	1		2		4
Maradana		9		1				8
Slave Island		8	• •	2	• •	2		8
Kollupitiya		4		1	• •			. 3
Eastward Extension		. 3		.1		1		3
Wellawatta Extension			• •	_		_ 1		1
Total		56		8		11		59

No. 65.—Registration of Laundries, 1912.

Ward.	\mathbf{R} e	Number of gister at energy revious Ye	nd	Number discontinued during 1912.	New Registrations during 1912.		Total on Register at end of 1912.
Fort	• •				 43	• •	43
Pettah		24		4	 6		26
San Sebastian		7		3	 		4
St. Paul's	• •				 _		
Kotahena		32		12	 17		37
New Bazaar		21		1	 · 10		30
Maradana		77		15	 11		73
Slave Island		33		_	 1		34
Kollupitiya		70		60	 5		15
Eastward Extension		9		3	 14	• •	20
Wellawatta Extension	••		• •		 3	• •	3
Total		273		98	110 .		285

No. 66.—Registration of Eating-houses, 1912.

Ward.	Re	Number on gister at en revious Yea		Number discontinued during 1912.		New Registration during 191	Total at end of 1912.
Fort	• •	41		17		6	 30
Pettah		60	٠.	19		11	 52
San Sebastian		11				4	 15
St. Paul's	• •	25		9		28	 44
Kotahena		13		3		13	 23
New Bazaar		13	٠.	4		5	 14
Maradana		37				24	 61
Slave Island		61		32		16 .	 45
Kollupitiya		23		16		6	 13
Eastward Extension		3		2		3	 4
Wellawatta Extension					• •	2	 2
Total		287		102		118	303
							-

No. 67.—Registration of Aerated Water Factories, 1912.

Ward.	Reg	Number or ister at en evious Ye	d of	Number discontinue during 191		New Registration during 1912.		Total on Register at end of 1912.
Fort		_				1		1
Pettah		2		1				1
San Sebastian		1		_				1
St Paul's	:.	-						
Kotahena	• •		• •	_		_		_
New Bazaar		_		_			• •	
Maradana		2		_				$\frac{2}{2}$
Slave Island		8				2	• •	10
Kollupitiya	• •	1		1				_
Eastward Extension	• •	—			• •			
Wellawatta Extension					• •		• •	_
								
Total		14		2		3		15

No. 68.—Registered Opium Divans at end of 1912.

Ward.	Number on Reg	ister.	Ward.	Num	ber o	on Register.
Fort	 	- [Slave Island			3
Pettah	 	-	Kollupitiya		• •	_
St. Sebastian	 	-	Eastward Extension		• •	
St. Paul's	 1	1	Wellawatta Extension			_
Kotahena	 · –	-		en . 1	_	
New Bazaar	 	-		Total	• •	19
Maradana	 • •	5				

No. 69.—Expenditure on Markets.

Head of Expenditure.		-	Expenditure, 1910. Rs. c.	Expenditure, 1911. Rs. c.		Expenditure, 1912. Rs. c.
Markets' salaries			5,381 52	 5,431 98		8,151 22
Collectors' salaries	• •		1,638 0	 1,644 0		1,326 0
Tools and equipments			278 97	 727 16		1,132 47
Uniforms			$209 \ 40$	 298 - 0		315 0
Repairs of markets			3,899 54	 5,762 96		6,810 48
Lighting of markets			3,892 51	 5,761 16		4,730 3
Do. Dean's Road Market			1,274 40	 _		_
Extraordinary Works.						
Demolition of Slave Island Market			958 - 2	 		
Improvements to Dean's Road Mar	ket		7,765 64	 13,652 71		7,418 43
Ticket Room, St. John's Market			· —	 399 46		_
Fence, Dean's Road Market	• •			 		73 32
Railing, Kachcheri Road Market				 		286 97
Hoses to markets	• •		178 83	 	• •	_
	Total		25,476 83	33,677 43		30,243 92
	Revenue		43,392 23	48,530 95		52,081 5

No. 70.—Work done by Ward Inspectors during 1912.

Nature of Work.	Fort.	Pettah.	San Sebastian.	St. Paul's.	Kotahena North.	Kotahena South.	New Bazaar.	Maradana North.	Maradana South.	Slave Island.	Kollupitiya North.	Kollupitiya South.	Eastward Extension.	Wellawatta Extension.	Total.
•															
Number of inspections	7,403	8,118	4,923	6,463	5,122	4,339	4,835	4,660	4,047	4,62	4,202	2,856	5,638	2,262	69,49
Number in which sanitary defects were found Number of notices served	1,251 238	777 247	1,253 454	855 432	776 112										
Number of notices voluntarily complied with Number of premises where	135	176	158	1.81	7 8	147	121	282	195	169	90	54	111	28	1,92
defects were rectified after warning Number of wells closed Number of cesspits closed	787 —		853 2	256 1 2	698 1	898 4 1	300 2 1	288 6 2	302 2 2	365 1	328 5 2	372 2 —	480 4 9	200 2 5	8
Number of houses disinfected Number of prosecutions Number of convictions	11 480 402	329	400	565	20 178 166	308	323	68 471 390	368	231	235	177	47 237 179	163	4,46
Number discharged or otherwise dealt with	14	14	31	25	11	22	18	24	31	11	9	5	14	3	23
Number pending at end of quarter	64				1	46	20	57	23	24	18	20	44	32	41
Number of premises lime- washed by the Municipal cleansing gang	_	_				_	}	_		_	_	_	_		_
Number of type plan latrines erected	_	_	9	1	-	1	1	1	- !	-	2	8	18	31	72
	Rs. c.	Rs. c.	Rs. c.	Rs. c.	Rs. c.	Rs. c.	Rs. c.	Rs. c.	Rs. c.	Rs. c.	Rs. c.	Rs. c.	Rs. c.	Rs. c.	Rs. c
Amount of fines	3,452 0	2,527 50	3,418 0	3,861 0	933 0	1,816 50	2,939 0	3,790 50	2,099 50	1,521 0	2,361 50	1,506 0	1,549 50	1,277 0	33,052 (

No. 71.—Details of Prosecutions by Ward Inspectors during the Year 1912.

														-
Nature of Offence.			Fort.	Pettah.	San Sebastian.	. Paul's.	Kotahena.	New Bazaar.	Maradana.	Slave Island.	Kollupitiya.	Eastward Extension.	Wellawatta Extension.	Total.
			<u>—</u>	Pe	Sa	St	K	Ž	Me	SIE	 Ke	Ea	M	
Nuisances.														
Filthy premises Filthy barber's shop Neglect to cleanse and limewash Manuring grass fields	••	• •	$\frac{247}{-2}$	205 — 3	—			166 — 19	$\begin{array}{c} 454 \\ 1 \\ 10 \\ 2 \end{array}$	_	232 — 3 5	_		2,363 1 66 17
Food.														•
Food exposed to dust and flies Sale of unwholesome food	••	• •	72 13	16 8	$\begin{array}{ c c }\hline 24\\10\\ \end{array}$		$71 \\ 2$	20 4	43 11	20	3 6		3 2	382 71
Eating-houses.														,1
Unregistered eating-house Filthy eating house Neglect to cement eating-house	••	• •	61 —	$\begin{bmatrix} 1\\51\\- \end{bmatrix}$	$\begin{bmatrix} 2\\13\\- \end{bmatrix}$	5 16 —	8 2 3	1 	21 14 —	13 5 —		_4 -	1 4 —	60 171 3
Dairies and Milk.														
Unregistered dairy Filthy dairy Sale of adulterated milk Sale of milk without a card Unregistered milk vendor Refusing to give a sample of milk	· · · · · · · · · · · · · · · · · · ·	• •	$egin{bmatrix} -\ 22\ 6\ 2\ -\ \end{bmatrix}$	_ _ _ _ _ _	$\begin{bmatrix} 2 \\ -18 \\ 5 \\ 10 \\ - \end{bmatrix}$	22 8 —	1	1 2 13 2 8	2 4 25 6 14	1 4 4	18 18 15 —	2 11 5 11 —	-	8 39 141 44 58
Cattle Sheds.														
Unregistered cattle sheds Filthy cattle sheds Keeping more than the permitted n	 umber of cattle	• •	-1 1	_	_3 _		9 5 —	-8 -	12 —		5 5		4 	38 10 1
Bakeries.					,				•					
Unregistered bakeries Filthy bakeries Unclean workmen in bakery Kneaders without aprons Sleeping in bakery		• •	$egin{bmatrix} \ 3 \ 4 \ 1 \ \ \end{bmatrix}$			13 4 —	- 6 6 5 -	$\begin{bmatrix} -1 \\ -5 \\ - \end{bmatrix}$	5 11 12 —	$igg _{-1}^{-3}$	- 2 3 - -	5 3 2 —	2 5 3 —	13 55 46 7 2
Markets.								1						
Obstruction of passages in public mathrowing rubbish on passages in public stalls Keeping stalls closed to the public Unlicensed stalls Misbehaving in market		•••	— 17 — — 1	6 3 2 — — —	43 1 35 — 5	- - -	11 11 -	_ 	38 8 42 1 —			10 —		91 12 197 2 4 14
Bathing in public markets Boiling offal without permission Keeping dogs in public market Neglect to extinguish gas lights in s Spitting in public markets Washing clothes in public market	··· ··· talls ···	• •			$\begin{bmatrix} - \\ 3 \\ - \\ 14 \\ - \end{bmatrix}$	=			$\begin{bmatrix} 1 \\ 3 \\ - \\ 3 \\ 1 \end{bmatrix}$					1 8 1 1 17
Laundries.														
Unregistered laundry Filthy laundry	••	• •	3				35	3 0	18 7	3	9	20 6	8	126 31
Offensive and Dangerous Trades.								1			7			- 31
Unregistered cotton depôt Unregistered firewood depôt Unregistered dyeing house Unregistered hide depôt Unregistered tannery Unregistered lime kiln	••	• •		2 4 					5 				_ _ _ 1 4	3 5 4 4 1 4
Infectious Diseases.														
Neglect to notify infectious diseases Removing an enteric patient without	t permission		-			-	1	5	3	-	-9			20

Details of Prosecutions by Ward Inspectors during 1912—contd.

Nature of Offence.		Fort.	Pettah.	San Sebastian.	St. Paul's.	Kotahena.	New Bazaar.	Maradana.	Slave Island.	Kollupitiya.	Eastward Extension.	Wellawatta Extension.	Total.
Bathing Places.	•												
Filthy bathing places Filthy bathing tubs	•	$\begin{vmatrix} & 2 & \\ & - & \end{vmatrix}$	_	_	_	4	— 4		_	3	_	_	2 21
Miscellaneous.		1					4						
Throwing rubbish on roadside and drain Abuse of roadside Nuisance caused by horse, cattle, poultry, & Foul cesspit Failure to provide privy accommodation Neglect to fill well Sinking wells without permission Overcrowding Neglect to report the death of a bull Neglect to fill in low land Removing meat without a pass Unlicensed stables Keeping a stable in an unsuitable locality Giving false information to a public officer Unlicensed slaughter of goats Burial of animal without permission Hawking fish for sale on road Selling meat without a license Unregistered opium divans Filthy opium divans Unregistered aerated water factories Filthy aerated water factories			732	24 14 		9 3 1 - 2 - - 1 - - - - - - - - - - - - - -	19 -1 1 1 -1 	-6 -1 1 - - 1 - - - - - - - - - - - - -		3	12 5 1 - 1 - 1 - - - - - - - - - - - - - -		19 4 187 40 13 4 3 2 1 1 1 1 1 1 2 2 2 2 3 4 4 4 1
	Total .	. 480	329	400	565	486	323	839	231	412	237	163	4,465
			1				1						

No. 72.—Structural Improvements by Ward Inspectors during the Year 1912.

	No. 72.—Structural Improvement												
	Nature of Improvement.	Fort.	Pettah.	San Sebastian.	St. Paul's.	Kotahena.	New Bazaar.	Maradana.	Slave Island.	Kollupitiya.	Eastward Extension.	Wellawatta Extension.	Colombo Town.
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18.	New doors, windows, and skylights (number) Enlarged doors, windows, and skylights (number) Obstructive buildings demolished (number) Obstructive roofs, eaves, partitions, &c., removed (premises) New drains built (premises) Drains repaired (premises) Floors paved (rooms) Passages paved (number) Compounds paved (number) Latrines improved (number) Laundries improved (number) Bakeries improved (number) Dairies improved (number) Cattle sheds improved (number) Other premises improved (number) Other premises improved (number) Ventilators	$egin{array}{c c} 4 & 1 & 3 & 4 & 1 & & & & & & & & & & & & & & & &$	$egin{array}{c c} & 3 \\ & 11 \\ - \\ & 9 \\ 25 \\ 13 \\ & 1 \end{array}$	4 9 21 12 4 16 7 — 1 4 —	8 12 19 1 8 11 11 15 — 3 1 1 3 12 12	2 4 7 4 815 4 2124 5	1 17 16 11 11 11 7 12 2 —	10 6 7 3 20 6 3 7 3 7 1 1 9 1 4		$egin{array}{c c} 41 \\ 29 \\ 9 \\ 3 \\ 4 \\ 8 \\ \\ 16 \\ 3 \\ \end{array}$	11 12 2 2 1 1 1 1 2 2 2 2 1 1 1 1 2		1,428 83 64 60 49 67 89 49 62 114 53 27 10 19 1 63 92 410

No. 73.—Work done by Sub-Inspectors during 1912.

Houses	dicin	footod	

Ward.		Fevers.		Phthisis.		r Infecti iseases.	ous	Total.
Fort		4	• •			1		5
Pettah				4		1		5
San Sebastian	• •	18		27		9	• •	. 54
St. Paul's		41		54		5		100
Kotahena North		51		32		5		88
Kotahena South		77		56		14	• •	147
New Bazaar		29		44		9	• •	82
Maradana North		87		90	• •	7	• •	184
Maradana South		54		33		7	• •	- 94
Slave Island		5 5		35		13		103
Kollupitiya North		28		26	• •	2		56
Kollupitiya South		75		11		5	• •	91
Wellawatta Extens	ion	12		7	• •	3	• •	22
Total		531		419		81		1,031

No. 74.—Work done by Enteric Cleansing Gang during 1912.

					Filthy Premises.
			1		6
			1		8
			22		51
			26		13
			18	٠.	71
			15		125
			3 8		28
			74		137
			28		101
			15		17
			—		4
					3
			1		5
• •		• •	1	• •	3
	Total	• •	240		572
				Enteric Cases we reported.	1 1 22 26 18 38 38 74 28 15 15 <

No. 75.—Insect Prevention Work done from February 1 to November 4, 1912.

Ward. Premises visited. Breeding of Served. Notices oiled. Prosecutions. Convictions. Places oiled. Breeding oiled. Notices oiled. Prosecutions. Maradana North 397 100 34 2 2 24 16 16 — Maradana South 427 89 36 6 6 — 22 22 — Grandpass 14 12 — — — — — — — Mutwal 46 — — — — 14 — — — — Kollupitiya South 27 2 — — — 22 — — — — Kollupitiya North 253 50 20 5 5 — 7 7 —	of No. of eu- Con-
$\begin{array}{cccccccccccccccccccccccccccccccccccc$, , , , , , , , , , , , , , , , , , , ,
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	—
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	
Kollupitiya South 27 2 — — — 22 — —	
Kollupitiya North 253 50 20 5 5 — 7	—
	—
Cinnamon Gardens 874 184 74 7 7 28 59 59 —	—
Fort 144 17 2 — — 8 — — —	—
Pettah 197 9 2 — — — — — —	—
Wellawatta 6 6 5	—
San Sebastian 33 1 — — — — —	—
Eastward Extension 17 6 1 — — — 3 3 —	
Slave Island 522 97 39 5 4 2 25 25 2	2
Total 2,957 573 208 25 24 104 132 132	2

210 gallons of oil expended. Rs. 158 fines recovered.

No. 76.—Work done at the Disinfecting Station, 1912.

Mon	th.	•	·		Number of Pieces disinfected.	Number of Loads.
January					. 497	 21
February			0:0		. 349	 16
March		• •	• •		. 445	 16
April					. 212	 8
May			• •		. 556	 13
June					. 328	 10
July		• •			. 344	 8
August					. 153	 10
September					. 282	 14
October		• •			126	 8
November		• •			. 270	 12
December		• •			. 213	 9
				Total .	. 3,785	145

No. 77, STATEMENT A.—Annual Return of Sick treated at the Municipal Free Dispensary, Slave Island, from January 1 to December 31, 1912.

	•	from Janua	ry 1 to	Dece	mber 31, 1912.		
		Nu	mber.			Nun	iber.
1.	General Diseases:—			6.	Circulatory System:—		
	(a) Enteric fever	• •	17		(a) Angina pectoris		2
	(b) Simple continued fever	• •	18		(b) Pericarditis	• •	ī
	(c) Influenza	• •	1,194		(c) Mitral regurgitation.		6
	(d) Puerperal septicæmia	• •	13		(d) Mitral stenosis	• •	4
	(e) Measles	• •	31		(e) Aortic regurgitation	• •	2 .
	(f) Erysipelas	• •	. 8		(f) Hæmorrhoids	• •	26
	(g) Chickenpox	• •	2		(g) Varicose veins (leg)		2
	(h) Vaccinia	• •	1	7.	Respiratory System:—		
	(i) Dysentery	• •	210	1.	- · · ·		000
	(j) Chronic dysentery	•••	24		(a) Acute bronchitis	• •	980
	(k) Whooping cough	• •	65		(b) Chronic bronchitis	• •	288 235
	(l) Tetanus	• •	1		(c) Asthma	• •	30
	(m) Acute diarrhea	• •	6		(d) Lobar pneumonia	• •	52
	(n) Mumps (o) Parangi	• •	4		(e) Lobular pneumonia (f) Phthisis	• •	36
	(p) Toxemia of pregnancy	• •	4			• •	4
	, - ,	•	. 7		/L\ D1	• •	4
2.	Malarial Diseases:—	,				• •	*
	(a) Malarial intermittent	• •	373	8.	Digestive System:—		
	(b) Malarial cachexia	• •	140		(a) Stomatitis		68
3.	Parasitic Diseases :				(b) Pyorrhœa alveolaris	• •	16
	(a) Ascaris lumbricoides		1,166		(c) Gum boil	• •	31
	(b) Anchylostoma duodenal	.е	29		(d) Toothache	• •	109
	(c) Oidum albicans		19		(e) Acute pharyngitis	• •	36
	(d) Acaris scabiei	• •	314		(f) Chronic pharyngitis	• •	11
4.	Constitutional Diseases:—				(g) Tonsillitis	• •	43
	(a) Debility	• •	155		(h) Gastritis	• •	182 127
	(b) Rheumatism	••	373		(i) Dyspepsia		398
	(c) Rheumatic affections		407		(j) Constipation (k) Chronic enteritis		331
	(d) Anæmia (cause unknow	n)	45		(1) O-1:-		80
	(e) Obesity	• •	7		/\ IT Lilia	• •	7
	(f) Senility	• •	4		(a) Town dies	• •	5
	(g) Diabetes mellitus	• •	2		(a) Cirrhosis of liver	•	$\overset{\circ}{2}$
5.	Diseases of the Nervous Sys	stem :—			(p) Cholocystitis	••	$\overline{2}$
-	(a) Convulsions		9		(q) Prolapse of rectum		7
	(b) Neurasthenia	••	3	ĺ	(r) Psilosis		9
	(c) Epilepsy	• 7●	2		(s) Suppurative tonsillitis		6
	(d) Hysteria	• var.	3		(t) Tabes messenterica		2
	(e) Hydrocephalus		1	9.	Lymphatic System :		
	(f) Migraine		10	"			65
	(g) Facial neuralgia	• •	7		(a) Lymphangitis a . (b) Adenitis a .	• •	27
	(h) Hemiplegia		1		(c) Elephantiasis of leg	••	3
	(i) Paraplegia spastic	• •	2		(d) Elephantiasis of scrotum	• •	2
	(j) Peripheral neuritis	• •	2	1		••	
	(k) Delirium tremens	• •	2	10.	· ·		
	(l) Tabes dorsalis	• •	1		(a) Goitre \dots	• •	1
	(m) Syringomyelia	· ·	2	11.	Urinary System :—		
	(n) Pseudo hypertropic mu				() A11		7
	(o) Facial paralysis (p) Neuritis	• •	9	1	(b) Acute Bright's disease	••	10
	Tolla Jimaga	• •	1.		(c) Chronic Bright's disease	• •	6
		••	1.	,	(c) Ollevino sorigino o anovaco		
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MUNICIPALITY OF COLOMBO.

Annual Return of	Sick treated at the	Municipal Free Dispensary—contd.		
,	Number.		Numbe	er.
Urinary System—contd.		Integumentary System—contd.		
(d) Retention of urine	1	(v) Burn		18
(e) Hematuria	2	(w) Gangrene	• •	2
(f) Renal stone	1	(x) Cellulitis		16 91
(g) Vesico-vaginal fistula	1	(y) Abscess		1
(h) Cystitis	. 17	(z) Fistula in ano (a) Ulcer	4	94
12. Generative System :—		(b) Corn		5
(a) Polonitia	2			
(b) Phimosis	$\begin{bmatrix} \ddots & 2 \\ 2 \end{bmatrix}$,
(c) Paraphymosis	$\overline{1}$	(a) Inguinal hernia	• •	4
(d) Urethritis	11	(b) Strangulated hernia		1
(e) Epididymitis	3	15. Organs of Special Sense:—		
(f) Orchitis	6	(a) Eye:		
(g) Hydrocele	3	(1) Ophthalmia neonatorum		2
(h) Prostatitis	3	(2) Catarrhal ophthalmia	• •	3 9
(i) Vulvitis	3	(3) Blephartis		12
(j) Leucorrhœa	39	(4) Leucornea		I
(k) Amenorrhæa	35	(5) Stye		4
(1) Menorrhagia	30 17	(6) Pterygium		2
(m) Dysmenorrhæa (n) Threatened abortion	ĸ l	(7) Iritis	• •	1
(a) Aboution	14	(8) Keratitis	• •	1
(p) Endometritis	1	(b) Nose:		
(q) Prolapse of uterus	$\ddot{2}$	(1) Foreign body		4
		(2) Epistaxis		4
13. Integumentary System:		(3) Acute rhinitis		2
(a) Acne rosacea	31	(4) Atrophic rhinitis		14
(b) Lichen tropicus	32	(5) Polypus	• •	3
(c) Urticaria	25	(c) Ear:		
(d) Tænia versicolor	7	(1) Foreign body		2
(e) Erythema bulbora	$egin{array}{cccccccccccccccccccccccccccccccccccc$	(2) Earache	•	70
(f) Pruritus (g) Eczema	175	(3) Acute catarrh		6
(g) Eczema (h) Ringworm (g)	93	(4) Otorrhœa		70
(i) Impetigo contagiosa	6	(5) Mastoid abscess		2
(j) Herpes zoster	3	16. Organs of Locomotion:—		
(k) Abrasion	16	(a) Poniostitis		3
(l) Contusion	107	(b) Fractures	• •	4
(m) Incised wound	34	(c) Dislocations:	• •	
(n) Contused wound	90	(1) Lower jaw		2
(o) Punctured wound	1	(2) Right shoulder		1
(p) Lacerated wound	16	17. Tumours:—		
(q) Sinus	22			9
(r) Onychia (s) Furuncles \dots	$\begin{array}{ccc} & \dots & 41 \\ & \dots & 136 \end{array}$	(a) Nævus (b) Cysts	••	$\frac{3}{3}$
(t) Leucoderma	130	(c) Cancer		4
(u) Sycosis barbæ	5	(d) Ovarian tumour		î
(4) 1/3 00525 202.000		(4) 0 (4)		
		ts paid by the Medical Officer and Health ttend at Dispensary.	ı Visitors	
A. Visits paid by th	e Medical Officer t	o those unable to attend at the		
Dispensary		135		
	ose reported by t	he Health Visitors as unable to		
attend	• •	40		
		rgical aid rendered e		
	fed children visited			
		the Municipal Midwife 51		
F. Cases sent in by	Health Visitors by	tickets 167		
No 70 Smanner C S	tatement charring	Details of Worls done by the Health Wie	riton	
		Details of Work done by the Health Viscy 3 to December 31, 1912.	TOOF,	
1115.		., 5 to 15 to the total of , 1012.		

1.	Number of visits paid to houses	• •	8,147
	Number of dispensary tickets issued		91
	Number of cases in which Medical Officer was requested to visit		27
4.	Number of houses where instructions re infant feeding given		1,079
5.	Number of visits paid to hand-fed children		449
6	Number of labour cases visited		41

No. 80, STATEMENT D.—Statement showing Details of Work done by the Health Visitor, Miss M. Ponnammal, from July 10 to December 31, 1912.

1.	Number of visits paid to houses		5,798
2.	Number of dispensary tickets issued		78
3.	Number of cases in which Medical Officer was requested to visit		13
4.	Number of houses where instructions re infant feeding given	• •	779
5.	Number of visits paid to hand-fed children		160
6.	Number of labour cases visited		27

No. 81.—Cases conducted by Municipal Midwives during the Year 1912.

Name of Midwife.	Division.		First Quarte		Second Quarter	Third Quarte	Fourtl Quarte	Total.
A. Wickremasinghe	 St. Paul's		22		14	 1	 	 37
Agida Perera	 Kotahena		44		29 .	 34	45	 152
Nonno Hamy	 San Sebastian		27		19	21	 36	 193
M. P. Muruger	 St. Paul's		20		22	 19	 26	 87
A. M. Wickramaratne	 Slave Island		11		14	 23	 25	 73
Sarah Dias .	 New Bazaar		25		10	 19	 31	 85
Angeline Fernando	 Kotahena		14		28	 32	 42	 116
Medline Perera	 St. Paul's					 5	 19	 24
	Total)	163		136	154	224	677
				1				

No. 82.—Municipal Midwifes' Cases: Births and Infant Deaths; Still-births and Deaths within Ten Days.

				Births.			Deaths.		St	ill-b ir th	cent e hs).	per cent, ve rths),	
	Race.		Persons.	Males.	Females.	Persons.	Males.	Females.	Persons.	Males,	Females.	Death-rate per (e) (exclusive of Still-births)	Death-rate per ce inclusive (of Still-births),
All Races	• •	•	690	347	343	*13	9	4	39	21	18	1.93	7.54
Burghers Sinhalese Tamils Moors Malays Others			52 344 155 104 31 4	28 175 72 53 17 2	24 169 83 51 14 2	4 5 4 	3_4	1 	2 12 14 8 3	8 4 7 2	2 4 10 1 1	1.16	12.26

^{*} Of the 13 death 7were due to debility, 2 each to premature birth and convulsions, 1 to stomatitis, and 1 born weakly.

No. 83.—Statistics of Cases conducted by Municipal Midwives during the Year 1912.

													Al	l Rac	es.		Mo	rtality.	
Ward and Name of Midwife.	Burnellows	Luguers.	S. 50 50 50 50 50 50 50 50 50 50 50 50 50	ommerces.	Tamile	•	Moore	**************************************	Volem	ricatays.		O chers.	Persons.	Males.	Females.	Deaths.	Stillbirths.	Death-rateper Cent. (exclusive of Stillbirths).	Death-rate per Cent. (Inclusive of Stillbirths).
	м.	F.	M.	F.	M.	F.	м.	F.	м.	F.	M.	F.							
St. Paul's, A. Wickremasinghe Kotahena, Agida Perera San Sebastian, Nonno Hamy St. Paul's, M. P. Muruger	2 13 3	8		5 55 24 6	8	6 10 6 41		2 4 22 2	1 1	1 1	_ 	1	38 155 106 88	22 76 51 37	16 79 55 51	1	4 6	$\phantom{00000000000000000000000000000000000$	6.60
Slave Island, A. M. Wick- ramaratne New Bazaar, Sarah Dias Kotahena, Angeline Fer-	5 3	4	22 14	11 20	5 4	7 5	1 18	14	10	10	1	1	75 87	43 43	$\begin{array}{c} 32 \\ 44 \end{array}$	1 5	9 9 2	1·14 1·33 5·75	13·33 8·05
nando St. Paul's, Medline Perera		3	57 4	41 7	2 5	3 5	3 2	1					117 24	64 11	53 13		5	0.86	5·13 4·17
Total Grand Total	28	اسہ	-	169	72	اسہ	-	51	3	است	2		*690	347	343	13	39	1 · 93	7 · 54

No. 84.—1912 Annual Re	port. Enteric Hospita	1.
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Admissions.				Males.		Females	•	Total.
January				15		8		23
February				21		6		27
March				17	• •	8		25
April				9		3		12
May				8	• •	6	• •	14
June				5	• •	3	• •	8
July	• •			7	• •	5	• •	12
August				10		6	• •	16
September				8		8		16
October	• •			5		5	• •	10
November	• •			7		2	• •	9
December	• •		• •	8	• •	4	• •	12
	•	Total	• • •	120		64		184

Deaths.			Enteri	Non-Enterics.					
		Males.		Females.		Males.		Females.	
Sinhalese		8		10		4		2	
Burghers		4		1		I			
Tamils		7		_		3		1	
Moors		3				1		_	
Malays	• •				• •				
		_						_	
		22		11		9		3	
			33				12.		
					45				

No. 85.—Patients treated and Deaths occurred in the Municipal Enteric Hospital during the Year 1912.

	Admissions.									Deaths.									
Race.	Sent in by Municipal Inspectors. Sent in from General Hospital.		Sent in from other Hospitals. Voluntarily seeking Admission.		Admission.	Total.		Sent in by Municipal Inspectors.		Sent in from General Hospital.		Sent in from other Hospitals.		Voluntarily seeking Admission.		Total.			
	м. 1	м.	F.	м.	F.	M.	F.	м.	F.	м.	F.	M.	F.	м.	F.	м.	F.	M.	F.
Burghers Sinhalese Tamils and Malabars Moors Malays	3 19 9 6	$egin{array}{ccccc} 3 & 7 \\ 13 & 36 \\ 3 & 20 \\ 3 & 6 \\ - & 2 \end{array}$	16		$-\frac{3}{11} \\ -\frac{1}{1}$	3 8 - - -	3 - - -	13 64 29 12 2	12 43 5 3	2 3 3 2 —	= 1	3 5 7 2		 				5 12 10 4 —	2 11 1 —
All Races	37	22 71	20	1	16	11	6	120	64	10	1	17	4	1	7	3	2	31	14

No. 86.—Samples taken for Analysis by each Inspector during 1912.

Nature of Sample.	Inspector Serasinghe.	Inspector Blacker.	Inspector Samahim.	Inspector De Silva.	Inspector Karunatillekc.	Inspector Stouter.	Inspector Horan.	Inspector Ambrose.	Inspector Dabera.	Inspector Abeysekera.	Inspector LaBrooy.	Inspector Akbar.	Inspector Jayasinghe.	Inspector Milhuisen.	Inspector Toussaint.	All Inspectors.
Town water Well water Subsoil water Soda water Milk Tinned milk Bread Flour Sugar Ghee Sweets Arrack Total	12 -2 -78 - 92	13 21 -4 75 - - - - 113	12 - 17 101 1 - - - - 131	9 1 - 24 - 2 - - - - 36	12 4 -2 104 -5 5 5 137	12 5 -1 59 1 9 9 9 - 8 -	12 11 -2 84 - - 1 1 - - 111	_ 		-1 1 100 -	11 1 3 - 105 - - - - 3 123	12 7 - 80 - - - - - 99	12 1 - 123 - - - 3 - - 139	10 5 -1 105 1 1 1 1 - 2	4	166 66 5 44 1,200 3 26 24 18 3 8 5

No. 87.—Analyses made by City Analyst during the Year 1912.

Nature of Sample sent to Analyst		Number of Sant to Ana		Number condemne	Number passed.	Nι	mber awaiting report.
Town water		166			 166		
Well water		66		51	 1		14
Subsoil water		5			 2		3
Soda water		44	• •	33	 7		4
Milk		1,200		150	 1,049		*
Tinned milk		3			 1		2
Bread		26	• •		 26		_
Flour		24			 23		1
Sugar	• •	18			 17		1
Ghee		3		2	 1		
Sweets	٠.	8			 8		
Arrack		5	• •	3	 		2
							*
Total		1,568		239	1,301		27

^{* 1} cream extracted.

No. 88.—Changes in the Personnel of the Staff, 1912.

Clerks.—Mr. L. P. P. Gunatilleke appointed Clerk, Bacteriological Laboratory, on March 1, 1912. Mr. H. J. A. M. Abeynayake appointed Typist on February 22, 1912.

Mr. S. S. Murugupi lai appointed Assistant Registering Clerk on August 21, 1912, in place of Mr. S. C. Forbes promoted Sub-Inspector.

Inspectors.—Mr. E. B. Milhuisen appointed Inspector on February 19, 1912. Mr. S. L. Toussaint, appointed Inspector on October 12, 1912, in place of Mr. H. E. de Silva dismissed.

Sub-Inspectors.—Mr. S. C. Forbes appointed Sub-Inspector on September 1, 1912, in place of Mr. C. Vanderput resigned. Mr. N. Schokman appointed Sub-Inspector on December 14, 1912, in place of Mr. S. L. Toussaint, promoted Inspector.

Cemetery-keepers.—Mr. J. A. Carnie appointed Keeper, Liveramentu Cemetery, on July 8, 1912, in place of H. D. Hendrick retired.

Apothecaries.—Mr. J. P. J. Mendis appointed Apothecary, Slave Island Dispensary, on October 19, 1912, in place of Mr. W. S. Maas dismissed.

Market-keepers.—Mr. A. M. Rassool appointed Market-keeper, Dean's Road Market, on June 1, 1912, in place of Mr. E. L. Herft appointed Supervisor, Conservancy Branch.

Assistant Market-keepers.—Mr. V. Block appointed Assistant Market-keeper, St. John's Market, on February 20, 1912; Mr. O. Pereira appointed Assistant Market-keeper, Kachcheri and Edinburgh Markets, on February 22, 1912; Mr. M. H. E. Perera appointed Assistant Market-keeper, Dean's Road Market, on June 12, 1912, in place of Mr. A. M. Rassool promoted Market-keeper.

Overseers.—Mr. M. John Perera appointed Overseer, Anti-Mosquito Gang, on February 1, 1912, in place of Mr. T. S. Koelmeyer dismissed; Mr. T. A. Peries appointed Overseer, Anti-Mosquito Gang, on November 1, 1912; Mr. B. H. de Soysa appointed Overseer, Anti-Mosquito Gang, on November 1, 1912.

Health Visitors.—Miss Mary Ponnammal appointed Health Visitor, Slave Island Dispensary, on June 7, 1912, in place of Mrs. R. H. Perera resigned.

Nurses.—Miss H. G. Belmond appointed probationary nurse, Enteric Hospital, on September 1, 1912; Miss E. de Haan appointed probationary nurse, Enteric Hospital, on September 15, 1912.

Midwives.—Angelina Fernando appointed midwife, Kotahena Ward, on February 1, 1912; P. Medlin Perera appointed midwife, St. Paul's Ward, on August 19, 1912, in place of A. Wickremasinghe deceased.

Gardeners.—Mr. W. P. J. Jayawardena appointed Gardener, Kanatte Cemetery, on December 1, 1912.

Telephone Operator.—L. T. Perera appointed telephone operator on June 1, 1912.

Bicycle Orderlies.—W. R. Silva appointed bicycle orderly on June 1, 1912; S. Charles appointed bicycle orderly on June 1, 1912; M. A. Manikkam appointed bicycle orderly on June 1, 1912; Martin Costa appointed bicycle orderly on April 24, 1912; D. S. de Alwis appointed bicycle orderly on September 1, 1912, in place of M. A. Manikkam resigned.

Peons.—J. Caldera appointed peon, Bacteriological Laboratory, on January 1, 1912; D. S. de Alwis appointed peon on June 6, 1912, in place of A. D. Martin transferred binder; G. W. A. Perera appointed peon on September 1, 1912, in place of D. S. de Alwis appointed bicycle orderly.

Messengers.—M. de Costa appointed messenger, Kanatte Cemetery, on August 6, 1912, in place of Lucas Perera dismissed.

Coolies.—M. Hendrick appointed cooly, Bacteriological Laboratory, on March 7, 1912; M. Dabera appointed office cooly on August 9, 1912, in place of M. de Costa transferred as messenger, Kanatta Cemetery; James appointed disinfecting cooly on November 1, 1912, in place of J. G. Weerakoon dismissed.

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